This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

610.5
A15
A74
B 210,459A

INDIANAPOLIS MEDICAL JOURNAL

Vol. XIX, No. 7. INDIANAPOLIS, JULY, 1916. Single Copy 10 Cents $1.00 Per Year

TABLE OF CONTENTS.

Original Communications.

Immunity and Susceptibility in Relation to Gonorrheal Infections, by Noah E. Aronstam, M. D., Detroit 279

Report of Favorable Result in the Treatment of Tuberculosis with Gangrene by the Use of Calcium, by Thomas J. Beasley, M. D., Indianapolis 281

Diagnosis of Glaucoma, Iritis and Incipient Cataract, by W. F. Hughes, M. D., Indianapolis 282

Scientific and Commercial Relation of Chemistry to the European War, by Morton M. Milford, Washington, D. C. 284

Editorials.

The National Board of Medical Examiners 288

Treatment of Syphilis 289

The Mexican Question and Disease Dangers 291

Summer Vacation Caution 292

Tuberculosis Patients 292

American Medical Association Libel Case 293

Abstracts, Excerpts and Gleanings.

Treatment of Rabies; Poliomyelitis; Parathyroids; Pasteur and Rabies; Tonsilitis and Rheumatism; Death from Camphorated Oil; Hemorrhage in Children; Hemorrhage in Throat Work; New York Epidemic of Infantile Paralysis; Chloroform Necrosis of Liver; Auto-Serum in Skin Diseases; Collapse in the Exsanguinated; Therapy of Physostigmine; Chorea and Pregnancy; Phenol for Carbuncles and Hemorrhoids; a Prenatal Restaurant; Drinking Shortens Life; Pediculosis; Address of Governor Ferris at A. M. A.; Chicory for Diabetes 294-310

Medical Miscellany.

Care of Sick Babies in Indiana; Graduation Exercises of I. U. S. M.; Simplified Method of Giving Salvarsan; Androcles and Lion; Elizabeth Corbett Dead; News Items 310-318

Book and Journal Reviews 319

Publisher's Department i-vi

PUBLISHED BY THE MEDICAL AND SURGICAL MONITOR CO.

Hard Dry Feces

are not only difficult to pass, but may give rise to (1) irritation and congestion of the rectum, which may influence fissures and hemorrhoids (2) by their physical pressure, they may affect prostatic and other genito-urinary conditions. These are in addition to (3) the effects of any autotoxemia that may arise.

HARD DRY FECES are often caused by over-extraction of fluid by the colon, or by lack of intestinal mucus, or both, but they are overcome by **INTEROL,** which not only lubricates them, but, being itself non-absorbable, it stays with them, and *keeps* them soft and mouldable so that they pass easily through constrictions.

With **INTEROL** well mixed in them, more **HARD DRY FECES** cannot form, but instead, **SOFT PLASTIC FECES,** so that the patient obtains evacuation without straining at stool, and life becomes worth living—so far, at least, as **INTEROL'S** combatting of obstipation-stasis-autotoxemia is concerned.

INTEROL* is more than "ordinary mineral oil": (1) it possesses *effective lubricating body* so that it clings to the fecal mass—**INTEROL** has efficient "spread and mix" properties (2) no "lighter" hydrocarbons to disturb the kidneys (3) no sulphur compounds to disturb digestion (4) no odor or flavor, so that the patient *can* take it and derive its benefit.

***INTEROL** booklet on request. Pint bottles, at druggists.

VAN HORN AND SAWTELL, 15 and 17 East 40th Street, New York City

Digitized by Google

Tongaline

Does not cause the injurious effects on the stomach, or the other disturbances of salicylism produced by the sodium salicylate made from coal-tar.

Furthermore the uniformly good results from Tongaline are secured largely by the thorough and constant absorption of the salicylic acid it contains because this is made from the natural oil of wintergreen.

Samples by Express prepaid – Mellier Drug Company. St. Louis.

CURRAN POPE A. THRUSTON POPE

A MODERN up-to-date private infirmary equipped with steam heat, electric light, electric fans, modern plumbing and new furnishings. Solicits all chronic cases, functional and organic nervous diseases, diseases of the stomach and intestines, rheumatism, gout and uric acid troubles, drug habits and non-surgical diseases of men and women. No insanity or infectious cases treated. Bed-ridden cases not received without previous arrangement.

Hydrotherapy, Mechanical Massage, Static, Galvanic, Faradic, High Frequency, Arc Light and X-Ray Treatments given by competent Physicians and Nurses under the immediate supervision of the Medical Superintendent. Special laboratory facilities for diagnosis by urine, blood, sputum, gastric juice and X-Ray. Recreation hall with pool and billiards for free use of patients.

Rates $25 per week; including treatment, board, medical attention and general nursing. Send for large illustrated catalog. The Sanatorium is supplied daily, from the Pope Farm, with vegetables, poultry and eggs; also milk, cream, butter and buttermilk from its herd of registered Jerseys.

THE POPE SANATORIUM
INCORPORATED

Long Distance Phones
CUMB. M. 2122 HOME 2122

115 West Chestnut Street
LOUISVILLE, KENTUCKY

Digitized by Google

Polk's Nursery Milk

Widely recommended for special cases of infants and invalids.

This milk is designed for use in cases where special feeding is indicated, whether for infants or invalids. It is produced in seggregated herds of tuberculin tested cattle under the most stringent conditions covering sanitation and feeding and under the supervision of the Milk Commission of the Children's Aid Association of Indianapolis. This organization, which helps many hundreds of babies annually through its pure milk stations, is using this special nursery milk exclusively, with most gratifying results.

Pasteurized and Bottled in the Sunlight Milk Plant

The Polk Sanitary Milk Co.

INDIANAPOLIS, IND.

Digitized by Google

FRANK S. CROCKETT, M. D.

DISEASES AND SURGERY OF THE GENITO-URINARY TRACT

515 Columbia Street

At the Office by Appointment — LAFAYETTE, INDIANA

Phones—New: Residence, 7058; Office, 99 — Office Hours: 2 to 4 p. m.

DR. CHARLES R. SOWDER

SPECIAL ATTENTION TO INTERNAL MEDICINE

408 to 411 Pennway Building — INDIANAPOLIS

DR. JOHN F. BARNHILL and DR. PAUL B. COBLE

Practice Limited to
EAR, NOSE AND THROAT

Both Phones, Local and Long Distance

408 Pennway Building
Corner Penn. and New York Streets — INDIANAPOLIS

New Phone 99 — Old Phone, Main 1213

DR. SIDNEY J. HATFIELD

SURGERY AND DISEASES OF WOMEN

11 to 12 and by Appointment — 2423 Station Street, Indianapolis

---

Old Phone Main 3303

DR. SIMON P. SCHERER

DISEASES OF THE DIGESTIVE SYSTEM AND SPECIAL DIAGNOSIS

Office, 301-302 K. of P. Building — INDIANAPOLIS

Office Hours: 9 to 12 a. m., 2 to 4 p. m.; Sundays, 2 to 3 p. m.

DR. R. O. McALEXANDER

DISEASES OF WOMEN AND SURGERY

The "Colfax," 320 N. Meridian St. — INDIANAPOLIS

Old and New Telephones — Office Hours: 11 to 12 a. m., 3 to 5 p. m. and by Appointment

---

Hours: 9 to 11:30 a. m., 2 to 4 p. m. — Both Phones

MURRAY N. HADLEY, M. D.

GENERAL SURGERY

55 Willoughby Building — INDIANAPOLIS

DR. THOMAS C. HOOD

OCULIST

226 Newton Claypool Building

Hours: 9 to 12, 2 to 4 — Phones: New 1722, Main 2083

When Writing to Advertisers, Mention the Indianapolis Medical Journal.

Digitized by Google

Telephone, New 1196 — Office Hours, 2 to 4 p. m.

DR. SAMUEL E. EARP

GENERAL MEDICINE

624 Occidental Bldg., S. E. Cor. of Wash. and Illinois Sts. — INDIANAPOLIS

Office, 507 Hume-Mansur Bldg.
Main 5286, New 2119 — Hours: 10-11 a. m., 2-5 p. m. Sunday, 10-11 a. m.

DR. H. H. WHEELER

GASTRO-INTESTINAL SURGERY AND DISEASES OF THE RECTUM

INDIANAPOLIS

Both Phones
Local and Long Distance — Hours: 9 to 12 a. m., 2 to 5 p. m. Sundays, 10 to 12 a. m.

DR. WILLIAM CLEVENGER

DISEASES AND SURGERY OF EAR, NOSE AND THROAT

403-404 Hume-Mansur Bldg. — INDIANAPOLIS

DR. J. A. SUTCLIFFE

GENITO-URINARY AND ABDOMINAL SURGERY

Office, 154 East Market Street
Telephone 941

Hours: 9 to 10 a. m., 2 to 4 p. m.
Sunday Hours: 2 to 4 p. m. — INDIANAPOLIS

Laboratory for Clinical Diagnosis.

HARRY K. LANGDON, M. D.

740-747 Newton Claypool Bldg. — Indianapolis.

WASSERMANN TEST, $5.00

Autogenous Vaccines, Coloidal Gold Test, and all Laboratory Diagnosis.

DR. GOETHE LINK

GENERAL AND ABDOMINAL SURGERY

Both Phones — INDIANAPOLIS

DR. HUGO O. PANTZER

ABDOMINAL SURGERY AND DISEASES OF WOMEN

691 Hume-Mansur Building — INDIANAPOLIS

New and Old Phones

Telephones: Old, North 1444, Main 1454.

DR. EUGENE BUEHLER

GENERAL MEDICINE

416-417 Indiana Pythian Building
Hours: 10 to 12 a. m., 4 to 5 p. m. — Evening Hours: Monday, Thursday, Saturday

Digitized by Google

WILBUR C. WOOD

Assisted by

MRS. WOOD

MASSAGE

Old, North 5132 — 2449 Pierson Ave.

WANTED

A powerful Static Induction machine. Prefer one with mica plates. Box 47, Bloomington, Ind.

DR. JOSEPH RILUS EASTMAN
DR. H. K. BONN

GENERAL, ABDOMINAL AND GENITO-URINARY SURGERY

The Joseph Eastman Hospital

Bell and Independent Phones 132 — INDIANAPOLIS

Hours: 10 to 1, 7 to 8 by appointment

P. E. McCOWN, M. D.

DISEASES AND SURGERY OF THE GENITO-URINARY ORGANS

Suite 622 Hume-Mansur Building — INDIANAPOLIS, INDIANA

Hours: 2-4 and by Appointment.

DR. JOHN W. SLUSS

Practice Limited—Diseases of Women and Surgery.

Office: 2217 Newton Claypool. — Residence: 2265 N. Meridian.

Main 2032 — Phones—North 2741

New 6635-K — New 6635-K

DRS. A. W. & FRANK A. BRAYTON

CONSULTANT IN DERMATOLOGY

Newton Claypool Building — INDIANAPOLIS

Hours: 10 to 12 a. m., 2 to 5 p. m.

Office, 618 Hume-Mansur Building — Residence, 75 The Rink

EDWARD A. WILLIS, M. D.

INDIANAPOLIS

All Prescriptions of Dr. H. C. Parker on File in My Office

Hours: 10:30 to 12:30, 2:30 to 5:00, 7:30 to 8:00 — Sunday, 2:30 to 5:00

Telephones: Office, Main 67, New 523; Residence, Circle 813, New 813

EYE, EAR, NOSE AND THROAT

H. R. ALLEN. — FRANK ALLEN.

ORTHOPEDIC SURGEONS.

19th and Illinois Sts. — INDIANAPOLIS, IND.

Digitized by Google

New Telephone 6656
Old Telephone North 542

CLARK E. DAY, M. D.

SPECIAL ATTENTION OBSTETRICS

Hours: 1 to 3 p. m. 6 to 8 p. m. 2302 N. ILLINOIS ST., INDIANAPOLIS.

Phones: Old, Main 139; New, 339-K

W. P. GARSHWILER, M. D.

Practice Limited to
DISEASES AND SURGERY OF THE GENITO-URINARY TRACT
620, 621 Newton Claypool Building
Hours: 10 a. m. to 1 p. m., 7 p. m. to 8 p. m.; Sundays, 10 a. m. to 12 m.

Office Hours: 10 a. m. to 12 m., 1 to 3 p. m.; Sundays, 1 to 2 p. m., by appointment

J. O. STILLSON, M. D.

EYE AND EAR, NOSE AND THROAT

Telephones: Office, Bell, Main 4225; Residence, Bell, North 711
716-717 Indiana Pythian Building INDIANAPOLIS
Residence, 4245 North Meridian Street

Phone: Main 4490. Hours: 10 a. m.-1 p. m.

DR. THOS. J. BEASLEY

DIAGNOSIS AND TREATMENT OF TUBERCULOSIS

427 Newton Claypool Building. INDIANAPOLIS.

DR. T. C. KENNEDY

DIAGNOSIS AND TREATMENT OF CANCER

516 HUME-MANSUR BUILDING.

Office Hours: 11 a. m. to 2 p. m. INDIANAPOLIS

Phones: Both Phones, Local and Long Distance

WM. S. TOMLIN, M. D.

Practice Limited to
DISEASES AND SURGERY OF EAR, NOSE AND THROAT
Suite 520 Hume-Mansur Building Hours: 10 to 1 by Appointment; 2 to 4 p. m.
INDIANAPOLIS Sundays: 10 to 12 by Appointment

C. F. NEU, M. D.

Specialty
NERVOUS AND MENTAL DISEASES
Office, 606 Hume-Mansur Building INDIANAPOLIS
Phones; Office, Old Main 105, New 105; Residence, Old 1224, New 2510
Hours: 10 to 11 a. m., 2 to 5 p. m.

Telephones: Office, New 1893; Residence, New 7084

DR. WILLIAM N. WISHARD
DR. H. G. HAMER

Practice Limited to
GENITO-URINARY DISEASES
723 Hume-Mansur Building INDIANAPOLIS
Hours: 10 to 12 a. m. Except Sunday and Wednesday

When Writing to Advertisers, Mention the Indianapolis Medical Journal.

Digitized by Google

DR. W. F. HUGHES

DISEASES AND SURGERY OF THE EYE

Suite 401 Hume-Mansur Bldg. INDIANAPOLIS, IND.

Hours: 10-12 a. m., 2-4 p. m.

DR. O. G. PFAFF

Practice Limited to
ABDOMINAL SURGERY AND DISEASES OF WOMEN

Newton Claypool Building INDIANAPOLIS
Hours 2 to 4—Wednesday and Sunday by Appointment
Telephones: Residence 996, Office 262

Phones: Office, New 480; Old, Main 838 Residence, 2 on 480; Old, North 676

DR. DAVID ROSS

PRACTICE LIMITED TO ABDOMINAL AND GENERAL SURGERY

416-417 Board of Trade INDIANAPOLIS
Office Hours: 11 to 12 a. m., 2:30 to 4 p. m.; Sunday, 2 to 3 p. m.

EUGENE BISHOP MUMFORD, M. D.

Practice Limited to
ORTHOPEDIC SURGERY
and to
MEDICAL AND SURGICAL DISEASES OF CHILDREN

408 HUME-MANSUR BLDG. INDIANAPOLIS

DR. HARVEY A. MOORE

DISEASES AND SURGERY OF THE GENITO-URINARY ORGANS

Suite 821 Hume-Mansur Building INDIANAPOLIS
Phones: Office, New 479, Main 6265; Residence, New 4746, Main 7424
Hours: 10 to 1 by Appointment

Phones: Old and New, Office and Residence 274 Office Hours: 11 to 1

DR. J. H. OLIVER

PRACTICE LIMITED TO SURGERY

408 N. Delaware Street INDIANAPOLIS

Office Hours: 10 to 12 a. m., 2 to 5 p. m.; Sundays, 10 to 11 a. m.

DR. E. C. REYER

Consultant in
DISEASES OF THE MIND AND NERVOUS SYSTEM

811-815 Newton Claypool Building INDIANAPOLIS
Telephones: Office, New 1621; Residence, New 6631, Old North 1153

Digitized by Google

Main 3217 New 633-R

MISS L. D. McCARTY

HIRSUTIES—COSMETIC ELECTROLYSIS

(Under Direction of Dr. A. W. Brayton)

330 NEWTON CLAYPOOL BLDG. INDIANAPOLIS.

NURSES CENTRAL DIRECTORY

CONTROLLED BY

THE MARION COUNTY GRADUATE NURSES' ASSOCIATION

Responds to calls for Graduate and Non-graduate Nurses. Rates:—Graduates, $25.00 to $30.00; Non-graduates, $10.00 to $15.00 per week. A Nurse specified will be sent, or if she is not available, one of her recommendation, if desired. Registrar and Assistant-Graduate Nurses.

TELEPHONES—DAY AND NIGHT—MAIN 6642—NEW 3013

11 SUNGALOO PARK, COR. 12TH AND CAPITAL AVE. INDIANAPOLIS, IND

5,000 ARTIFICIAL EYES IN STOCK

WERBE & MIESSEN, Manufacturing Opticians

SUCCESSORS TO JOHN WIMMER

16 NORTH PENNSYLVANIA STREET

CONTROLLING KRYPTOK PATENTS FOR THE STATE OF INDIANA

INDIANAPOLIS, IND.

A HOME FOR CHRONIC INVALIDS

Patients are in the care of their own physicians, whose instructions we faithfully carry out.

Careful nursing and all the comforts of a strictly highclass home.

MRS. THEODORA MYERS

PHONE, IRVINGTON 1004

5753 E. WASHINGTON ST.

DR. HOBBS' PRIVATE HOME

5828 E. Washington street, Indianapolis, Ind., for general invalidism and maternity cases. It is favorable for elderly persons wishing a home. Ideal for rest and recuperation. A home hospital in which physicians remain in charge of patients sent by them. Rates reasonable.

Bell Phone, Irvington 1650.

Internal Medicine and Laboratory Diagnosis

WILLIAM H. FOREMAN, M. D.

Internal Medicine

With More Special Attention to

Gastro-Intestinal Diseases

Offices 414-415-416 Hume-Mansur Bldg.

WALTER E. PENNINGTON, M. D.

Indianapolis X-Ray and Clinical Laboratories

Radiography, Fluoroscopy, Treatment

Urine, Gastric and Fecal Analyses, Bacteriological Examinations, Blood Counts, Autogenous Vaccines, Widal Reaction.

INDIANAPOLIS, INDIANA.

Gastro-Intestinal and Rectal Diseases

When Writing to Advertisers, Mention the Indianapolis Medical Journal.

Digitized by Google

NEW ORLEANS POLYCLINIC

Graduate School of Medicine, Tulane University of Louisiana

Thirtieth Annual Session Opens September 15, 1916, and Closes June 3, 1917.

Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work. For further information, address

CHARLES CHASSAIGNAC, M. D., Dean,

New Orleans Polyclinic

Post Office Drawer 770. **NEW ORLEANS.**

Tulane also offers highest class education leading to degrees in Medicine, Pharmacy, Dentistry, Hygiene and Tropical Medicine.

SANMETTO FOR GENITO-URINARY DISEASES.

A Soothing Healer to Inflamed Conditions.
A Tonic-Stimulant to the Reproductive System.

Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—Enuresis—Cystitis—Urethritis—Pre-Senility.

SOOTHING—RELIEVING—RESTORING.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

FLUIDEXTRACT ERGOT P-M CO.

USP VIII FORMULA

Has been sold under a dated label for two years past

MEDICAL literature contains many reports showing that liquid preparations of Ergot change and lose their efficiency with age and investigators unite in asking that the date of manufacture be given on the labels of these articles.

Consider the importance of having this drug right when sold—how much more necessary it is that it be right when used!

P-M CO DATED LABEL PROTECTS OUR CUSTOMERS

This dated label is evidence of our desire to co-operate with the medical profession in securing drugs that are not only pure but [illegible] at the highest point of efficiency.

FLUIDEXTRACT ERGOT P-M CO IS SUPPLIED IN

2-oz. bottles 4-oz. bottles. 8-oz. bottles. Pint bottles.

PITMAN-MOORE COMPANY

CHEMISTS

111 North Capitol Ave. **INDIANAPOLIS, IND.**

When Writing to Advertisers, Mention the Indianapolis Medical Journal.

Digitized by Google

IMPAIRMENT OF THE NUTRITIVE FORCES

In the correction of this condition an essential requisite of the agent chosen is that it be acceptable to the stomach. This is an added advantage possessed by

Usually the stomach is weak when the nutritive forces are impaired and it is highly necessary to select a tissue-maker that will not disturb the gastric function. For this purpose CORD. EXT. OL. MORRHUAE COMP. (HAGEE) may be chosen with every confidence.

Read what the chemist says

HINRICHS LABORATORIES
ANALYTICAL AND CONSULTING CHEMISTS
4108 SHENANDOAH AVENUE
SAINT LOUIS

November 29th, 1915.

I certify that
CORD. EXT. OL. MORRHUAE COMP. (HAGEE) contains no part of the crude cod liver oil except its medically active principles which are extracted from the oil by a special process and under my personal direction, such as MORRHUINE, ASELLINE, MORRHU-LECITHINE.
These extractives constitute about ONE THREE-HUNDREDTHS OF THE WEIGHT OF THE OIL.
Each ounce of the finished Cord. Ext. Ol. Morrhuae Comp. (Hagee) contains the therapeutic extractives of one-third fluid ounce of the oil, together with six grains of Calcium Hypophosphite, three grains Sodium Hypophosphite, Glycerine and Aromatics.

Gustavus Hinrichs

--|--
POTENT
PALATABLE
EASILY
ASSIMILATED
--|--
FREE
FROM
GREASE
AND
THE
TASTE
OF
FISH

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND CONTAINS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. Dispensed by all druggists.

Katharmon Chemical Co., St. Louis, Mo.

Katharmon
Comes first in oral hygiene.

Digitized by Google

A Practical Prescription

Samples, clinical data
and literature sent on request.

PLUTO

Bottled by the FRENCH LICK SPRINGS HOTEL CO.,
French Lick Springs, Indiana.

Digitized by Google

DOUBLE SERVICE

AUTOMOBILE TIRES

Guaranteed 7000 Miles

ABSOLUTELY PUNCTUREPROOF.

Double Service Tires are double the thickness of the best standard make tires.

This 100% greater wearing surface naturally gives that much more mileage and service. The average of 12 miles of tough fabric and one inch surface tread rubber makes these tires absolutely punctureproof.

These tires excel all others for use in the country over rough and rugged roads as well as on hard pavements. They are as easy riding and resilient as any other pneumatic tire—the air space and pressure being the same.

They are the most economical and "care free" tires made and are used where tires must be depended on and tire troubles cannot be tolerated. Many Double Service style tires are in use in the United States government and European War service.

Our output is limited to a certain amount, but for a short time we offer the following reduced special prices as an Introductory Offer:

	Tires	Extra Heavy Tubes
28 x 3"	$ 7.25	$2.20
30 x 3"	8.60	2.30
30 x 3½"	10.85	3.10
31 x 3½"	11.40	3.15
32 x 3½"	12.75	3.20
34 x 3½"	12.90	3.60
30 x 4"	13.50	3.70
31 x 4"	14.25	4.00
32 x 4"	14.90	4.10
33 x 4"	15.75	4.20
34 x 4"	16.70	4.35
35 x 4"	16.80	4.60
36 x 4"	17.45	4.65
37 x 4"	17.65	4.70
34 x 4½"	18.50	4.90
35 x 4½"	21.20	5.60
36 x 4½"	22.50	5.75
37 x 4½"	23.60	6.20
35 x 5"	24.40	6.35
36 x 5"	26.30	6.60
37 x 5"	26.30	6.60

All other sizes not included in above list also furnished. Non-skids at 10% additional.

Terms: Payment with order at above special prices, a 10% discount allowed on orders for two or more tires. All personal checks must be certified.

Try these tires and be convinced of their very high qualities. Sold direct to the consumer only.

Double Service Tire & Rubber Co.

AKRON, OHIO.

Digitized by Google

5 Per Cent This coupon accompanying order will be good for an additional 5% discount. This is a special introductory order to test this publication as an advertising medium.

THE BEST PLACE TO BUY

AUTOMOBILE ACCESSORIES

IS

The Motor Shop, Inc.

238 Massachusetts Ave. Long Distance, New 1054; Bell, Main 2845

INDIANAPOLIS

Portage Tires

Extra layer fabric in every tire. A better tire than ordinary. They can't be built better. Try them. 4,000-mile guarantee.

PRICES

Size	Plain Wrapped Tread Casings	Non-Skid Tread Casings	Red Inner Tubes	Size	Plain Wrapped Tread Casings	Non-Skid Tread Casings	Red Inner Tubes
28x3	$7.87	$9.07	$2.19	34x4	$18.35	$21.12	$4.27
30x3	8.43	9.71	2.38	35x4	19.20	22.11	4.37
32x3	9.37	10.78	2.57	36x4	19.55	22.50	4.53
30x3½	10.95	12.57	2.85	34x4½	24.42	28.10	5.23
31x3½	11.55	13.25	2.95	35x4½	25.53	29.33	5.32
32x3½	12.57	14.45	3.04	36x4½	25.90	29.80	5.50
34x3½	14.28	16.34	3.23	37x4½	26.98	31.04	5.60
30x4	15.90	18.40	3.75	35x5	28.52	32.80	6.18
31x4	16.76	19.24	3.90	36x5	28.95	33.30	6.37
32x4	17.06	19.63	4.00	37x5	30.20	34.72	6.42
33x4	17.95	20.66	4.18				

Portage Tires are made in three styles—Regular Clincher, Q. D. Clincher, and Straight Side. Be sure to specify which style is desired when ordering. Also be sure to specify whether plain tread or non-skid tread is wanted.

5% DISCOUNT FOR CASH WITH ORDER.

Digitized by Google

PRACTICALLY ODORLESS

NON ESCHAROTIC

SAMPLES ON REQUEST

ZIRATOL

BRISTOL MYERS CO. NEW YORK

THE UNIVERSAL ANTISEPTIC AND GERMICIDE

HIGH EFFICIENCY

LOW TOXICITY

Digitized by Google

BROMIDIA

(BATTLE)

NO BAD EFFECTS

Secures Sleep most nearly resembling natural sleep. BROMIDIA (Battle) is made from the purest drugs, carefully compounded, and its formula is well calculated to secure the greatest effect with the employment of minimum dosage.

BATTLE & COMPANY, CHEMISTS' CORPORATION.
SAINT LOUIS.

DOCTOR:

Ultima No. 3 Sinustat

You Can Relieve Goitre

(Exopthalmic and Simple Goitre)

AND MANY OTHER DISTRESSING CONDITIONS WITH THE ULTIMA NO. 3 SINUSTAT.

Get our late clinical reports from men who know by experience. Gives a true sinuscidal wave slow or rapid from any lamp socket on A. C. or D. C.

HERE'S THE PROOF!

It's contained in our handbook of sinusoidal treatment. IT'S FREE.

Send us names of three physician friends having goitre cases and you will receive our special co-operative proposition.

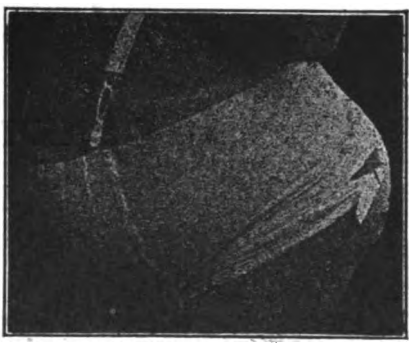
Ultima Physical Appliance Co.
136 W. Lake St., Chicago, Ill.

An Abdominal Supporter in Harmony With Modern Surgery

The STORM BINDER and ABDOMINAL SUPPORTER

PATENTED

FOR HIGH AND LOW OPERATIONS, PTOSIS, HERNIAS, OBESITY, PREGNANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAS, ARTICULATIONS, ETC.



Adapted to Use of Men, Women, Children and Babies

Special Kidney Belt

NO WHALEBONE, NO RUBBER ELASTIC—WASHABLE AS UNDERWEAR

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia—within twenty-four hours

KATHERINE L. STORM, M. D., 1541 Diamond St., Philadelphia

When Writing to Advertisers, Mention the Indianapolis Medical Journal.

Digitized by Google

When a physician prescribes a dietetic cuisine for a convalescent, he generally includes a mild malt product to assist nature in building up the nerves and tissue.

There is nothing better and higher recommended by the physicians than

Lieber's Gold Medal Beer

made of the finest materials and brewed in the best and most approved scientific and hygienic manner by the

Indianapolis Brewing Co.

Indianapolis, Ind.

"NORWAYS" Sanatorium Inc.—for NERVOUS DISEASES

No. 1820 E. TENTH ST., (Opp. Woodruff Park) INDIANAPOLIS, IND

"NORWAYS"

Is strictly a sanatorium for the care and treatment of the sick. It is not a place for persons in search of amusement. The institution is composed of separate buildings, and is thoroughly equipped in every particular. The grounds are extensive and beautiful. The cuisine is excellent. Every method of treatment of known value is employed by skilled attendants and specially trained nurses. Patients suffering from all forms of nervous disease, both medical and surgical, rheumatism, kidney troubles, the various drug habits are accepted. Paralytic children and those in need of the "rest cure" are especially treated. Separate building for mild mental cases only.

TERMS. All charges are payable weekly, one week in advance, without exception. They range from $35 to $90 per week, depending upon necessities of treatment and location of room. Regular sanatorium rates include board, room, nursing, treatment and physician's fees. There are no extra charges, unless a special nurse ($20 to $25 per week) is demanded. Average rate, $50 per week.

The first complete examination is $10 to $25, whether a patient remains in the institution or not.

Fees for operations depend upon special conditions and are not included above.

Outdoor patients will be charged according to the treatment employed.

N. B. No person should be brought to the institution who is too weak to be safely removed from home. For further information apply to the Norways Sanatorium.

ALBERT E. STERNE, M. D. CHARLES D. HUMES, M. D.

Visiting Hours to Patients, 3 to 5 P. M. Telephones: Old, Woodruff 1999; New 2X3.
Consulting Hours, by appointment only, 10 to 12 A. M., 2 to 4 P. M.

When Writing to Advertisers, Mention the Indianapolis Medical Journal.

Digitized by Google

Robinson's Hypophsphites

NUTRITIVE, TONIC, ALTERATIVE.

℞ Eachfluidounce contains:

Hypophosphites	Soda	2 gr.
"	Lime	1½ gr.
"	Iron	1½ gr.
"	Quinine	½ gr.
"	Manganese	1½ gr.
"	Strychnine	1-16 gr.

Dose—One to four fluidrachms.

6 oz. Bottles, 50 Cents - - - Pint Bottles, $1.00

Robinson's Phosphoric Elixir

A Modified and Improved Form of Chemical Food.

℞ Each fluidounce represents:

Phosphate	Sodium	12 grains
"	Potassium	4 grains
"	Calcium	4 grains
"	Iron	2 grains

FREE Monohydrated Phosphoric Acid ---------- 16 grains

Each fluidounce is approximately equal to (30) thirty grains of Monohydrated Phosphoric Acid, **Free and combined.**

An invaluable remedy in the treatment of

Nervous Exhaustion, Incipient Paralysis, Deranged Digestion, Melancholia, General Debility, Renal Troubles, Etc.

DOSE—The average dose is a dessertspoonful (2 fldrs.) diluted with water, to be taken immediately before, during or after meals.

PINTS, $1.00

Robinson's Lime Juice and Pepsin

Pure Concentrated Pepsin combined with Pure Lime Juice.

APERIENT AND CHOLAGOGUE.

Robinson's Lime Juice and Pepsin is palatable and grateful to the taste.

Dose—Adult, dessertspoonful to tablespoonful, after eating. Children, one-half to one teaspoonful, according to age.

Price, 6 oz. Bottles, 50 Cents
16 oz. Bottles, $1.00

Robinson's Elixir Paraldehyde

10 Per Cent.

HYPNOTIC, SEDATIVE, ANODYNE, DIURETIC.

INDICATIONS

Sleeplessness, Irritability, Nervousness, Headache, Colic, Etc.

In doses of 45 grains it calms restlessness and insomnia. It is proposed as possessing the good without the evil qualities of Chloral.

Our Elixir contains 45 grains of the Paraldehyde in each fluidounce.

DOSE—10 per cent. 2 to 8 fluidrachms.

Pint Bottles, $1.50

N. B.—We also make 25 per cent. strength. Price, per pint, $2.00

Please Specify **ROBINSON'S** Original Bottles. For Sale by Druggists.

ROBINSON-PETIT CO.

Founded 1842. Incorporated 1890.

Manufacturing Pharmacists **LOUISVILLE, KY.**

PAMPHLETS GRATIS to Practitioners by mail upon request.

Digitized by Google

Therapeutic Thoroughness

is possible only when the remedies used by the Patient are exactly what the Doctor prescribed.

More than 20 years' experience among physicians in all parts of the world show that there is no successful substitute for

Directions:—Always heat in the original container by placing in hot water. Needless exposure to the air impairs its osmotic properties, on which its therapeutic action largely depends.

Antiphlogistine
TRADE MARK

There are many uses for Antiphlogistine during the warm season—slight yet annoying ailments, such as occur during out-door activities —Bruises — Sprains —"Base Ball fingers"—Stings — Bites of insects and reptiles—Sunburn—Poison Ivy — Inflamed wounds from Fireworks or Firearms, etc., etc.

BY ORDERING ANTIPHLOGISTINE IN FULL AND ORIGINAL PACKAGES: SMALL, MEDIUM, LARGE, OR HOSPITAL SIZE, "A PERFECT POULTICE" IS ASSURED.

Physicians should **Write** "Antiphlogistine" to **Avoid** "substitutes."

"THERE'S ONLY ONE ANTIPHLOGISTINE."

MAIN OFFICE AND LABORATORIES

THE DENVER CHEMICAL MFG. CO., New York, U.S.A.

Branches: London, Sydney, Berlin, Paris, Buenos Aires, Barcelona, Montreal.

Digitized by Google

Bureau of Chemistry, U. S. Department of Agriculture:

"The spurious aspirin is a mixture of either calcium phosphate and starch, cream of tartar and citric acid with some alum; or milk sugar, starch and calcium acid phosphate."—(From **N. Y. Department of Health "Weekly Bulletin"**, Nov. 6, 1915)

By Specifying

Bayer-Tablets

OF

Aspirin

(5 grs. each)

You Avoid Counterfeits

The trade-mark "Aspirin" (Reg. U. S. Pat. Office) is a guarantee that the monoaceticacidester of salicylic acid in these tablets is of the reliable Bayer manufacture.

Be Sure of Your Aspirin

"Recent seizures in various cities of the country of numerous quantities of spurious aspirin make it important that the druggist should assure himself in all cases of the reliability of the source of his supply."—**Pacific Drug Review**, Feb., 1916.

ALKALOL

A therapeutic agent based upon correct physiologic principles adapted for practical use on irritated or inflamed muious membrane. Sulcessfully employed during the past seventeen years by thousands of physicians.

A post card will bring you free samples and interesting literature.

ALKALOL COMPANY, Taunton, Mass.

Digitized by Google

In HAY FEVER and ASTHMA
RESPIRAZONE (Tilden's)

Is the Ideal Prescription
Free Samples to the Profession upon Application

Manufactured Only By
THE TILDEN COMPANY
Pharmacists and Chemists
New Lebanon, N. Y. **St. Louis, Mo.**

H. H. LEHRITTER, DRUGGIST
949 FLETCHER AVENUE

We positively do not substitute. We positively do not counter prescribe. We positively refuse to refill prescriptions, if you so specify. We use only Merck's Chemicals.

Phone 9164 Antitoxin and Vaccine Always on Hand

Ferger's Terminal Pharmacy
Illinois and Market Streets
PRESCRIPTIONS A SPECIALTY
Our Motto—ABSOLUTE ACCURACY
Full Line of Druggists Sundries

Phones: North 280, North 1120, New 6090

EDW. C. REICK
Residence Phone, New 6276

Reick's Pharmacy
"A QUALITY STORE"
Corner Central Avenue and Thirty-Second Street
INDIANAPOLIS
FREE DELIVERY SERVICE **CORRECT PRESCRIPTION WORK**

Albuquerque Sanatorium for Tuberculosis
ALTITUDE 5100 FEET

Rates moderate. **No extras.** **Climatic conditions unsurpassed.**

A private sanatorium where the closest personal attention is given each patient. Complete laboratory and X-Ray equipment for diagnostic purposes. Compression of the lung and sun-bath treatment after the method of Rollier. Steam heat, hot and cold water, electric lights, bells, local and long distance telephones and private porches for each room. Bungalows if desired.

Situated but 1½ miles from **ALBUQUERQUE**, the largest city and best market of New Mexico, permits of excellent meals and service at a moderate price. **Write for booklet A.**

A. G. SHORTLE, M.D., L. S. PETERS, M.D., Associate Physicians.

Digitized by Google

KUTNOW'S POWDER

Expels Excessive Uric Acid

The Practitioner, one of London's leading Medical Journals, in an article, said: "Kutnow's Powder is gentle in its effects, while relieving the loaded portal system by its hydragogue action. It forms a pleasant laxative, acting, if taken in hot water—before breakfast—on an empty stomach, in the space of about one hour. The advantage of such a course of saline aperient is strikingly apparent in the increased sense of well-being which follows the flushing of the excretory channels and the ensuing clearance of noxious waste products. In these days of constipation—due, as it is said, to civilization and over-refinement of food—it is useful to know of an aperient remedy which is not nauseous to take. It will be found most useful to sufferers from Haemorrhoids as it is gentle in its effects."

The British Medical Journal says:—"It is gentle, effervescent, and is a very efficient and agreeable aperient."

The London Lancet says: "It is now recognized as a valuable addition to natural aperient medicines."

SAMPLES SENT FREE TO PHYSICIANS BY APPLYING TO

Kutnow Bros., Ltd.

853 Broadway **New York City**

Digitized by Google

New Phone 5843

R. W. MAGEE & CO.

Manufacturers and Dealers in All Kinds of

Deformity Apparatus, Trusses, Elastic Hosiery, Supporters, Artificial Limbs.

Factory and Fitting Room

426 Massachusetts Avenue

INDIANAPOLIS

Horace W. Carey

1008 Fletcher Trust Bldg.
Indianapolis, Ind.

Telephone, Main 2384
New 2384

ACCIDENT & HEALTH

Physicians
Druggists
Dentists
Automobile
and General Liability

INSURANCE

REFERENCES:
Indianapolis Medical Society
Physicians of Indianapolis

For Sale--

Doctors residence, town of 600 people, Central Indiana. Traction service to Indianapolis every hour, 32 miles. Good country splendid roads. $4000.00 practice for good man, and an excellent opening.

CHAS. J. OFFUTT,
NOBLESVILLE, IND.

The Indianapolis Medical Journal

634 OCCIDENTAL BUILDING, INDIANAPOLIS, INDIANA.

Enclosed find ONE DOLLAR in payment for THE INDIANAPOLIS MEDICAL JOURNAL, for one year, beginning.....To be sent to

..... Name

.....No. and Street

.....City and County

.....State

The Postal Service requires all subscriptions in advance, otherwise we shall not be entitled to second-class privileges.

When Writing to Advertisers, Mention the Indianapolis Medical Journal.

Digitized by Google

THOUSANDS

OF INDIANA PHYSICIANS

No. 8 "Craftsman" $100.00

Place their unqualified endorsement on "The Allison" line of Office Furniture because they know it is DEPENDABLE.

Tables
Cabinets
Chairs
Stands
Stools
Accessories

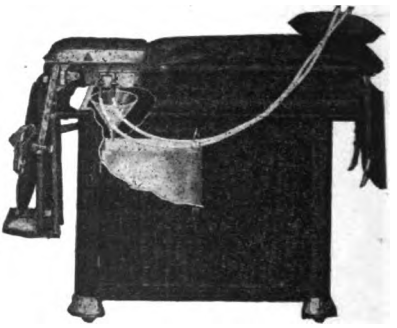
No. 152. $35.00.

A New Catalogue will be ready for distribution on June 1. Until that time we are offering, at greatly reduced prices, all styles that we expect to discontinue. This sale includes many of our standard patterns on which we are making slight changes.

Ask for Bulletin No. 10 with SPECIAL DISCOUNT Sheet.

Style 123—$30.00.

An Ironclad Guarantee is Placed on Every Article We Manufacture



Style 138—$125.00.

W. D. ALLISON CO.

MAIN OFFICE AND FACTORY
905-907-909 N. ALABAMA STREET
INDIANAPOLIS, INDIANA

Digitized by Google

HAY FEVER PROPHYLAXIS.

Autumnal pollinosis (the ordinary hay fever of late summer and early fall) is held to be due to the pollen of ragweed, or to other pollens closely analogous to ragweed in their protein content.

An efficient immunizing agent in this type of hay fever is

RAGWEED POLLEN EXTRACT

The extract is administered hypodermatically.

We supply an accurately standardized product.

Ragweed Pollen Extract has given good results when administered after the onset of symptoms, but *the best effects are obtained by starting immunizing treatment a month or six weeks before the pollen season.*

For Fall Pollinosis—Immunize Now!

Each package of Ragweed Pollen Extract contains three 5-mil (5-Cc.) vials of 10 units, 100 units and 1000 units per mil (Cc.) respectively; one vial of physiological salt solution for use as a diluent, and one scarifier. When injecting, use any small syringe—preferably the so-called tuberculin syringe.

Full directions as to application and dosage accompany each package.

NOTE.—In packages corresponding to those of Ragweed Pollen Extract, we also market **Timothy Pollen Extract** for the treatment of spring pollinosis, and **Pollen Extract Combined (Timothy and Ragweed)** for treatment of individuals susceptible to both types of pollen.

LITERATURE SUPPLIED ON REQUEST.

Home Offices and Laboratories,
Detroit, Michigan.

Parke, Davis & Co.

Digitized by Google

Pepto-Mangan ["GUDE"]

A PLENTIFUL SUPPLY AVAILABLE

The temporary shortage of Pepto-Mangan (Gude) occasioned by the delay in construction of our new laboratory is now entirely overcome. Pepto-Mangan (Gude), *exactly the same preparation as heretofore and at the same price,* is available in any quantity. Pepto-Mangan (Gude) is now and will hereafter be exclusively owned, controlled and manufactured in the United States.

SUPPLIED IN 11-OUNCE BOTTLES ONLY. NEVER SOLD IN BULK

M. J. BREITENBACH COMPANY

New York, U. S. A.

YOUR hay fever patients

may be as responsive as this one:

"Miss M. T., 21, had had hay-fever since childhood from May to frost. Gave calcium chlorid 1 gm. t. i. d., July 2. July 28, greatly relieved. August 13, no hay-fever symptoms left; and had none during the rest of the season." (See Dr. Wilson's report in J. A. M. A., March 4, 1916 for further data.)

You are always sure of the purity of the calcium chloride when you use our "Elixir Chloro-Calcium"—five grains of the c. p. salt to the fldrm.; and it never disturbs the patient's stomach, as even the same salt is liable to do when it is administered in water.

Our process o fmanufacture of this Elixir eliminates the stomach-disturbing feature of calcium chloride.

We have some interesting literature on hay-fever which is yours for the asking.

SHARP & DOHME

"Quality Products"

BALTIMORE, MD.

Digitized by Google

1-13-38

INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
634 Occidental Building, Indianapolis.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

COLLABORATORS

Charles P. Emerson, M. D., Indianapolis.
Curran Pope, M. D., Louisville, Ky.
John C. Sexton, M. D., Rushville, Ind.
N. E. Aronstam, M. D., Detroit, Mich.
M. N. Hadley, M. D., Indianapolis.
Thomas B. Eastman, M. D., Indianapolis.
Charles R. Sowder, M. D., Indianapolis.
Charles S. Houghland, M. D., Milroy, Ind.
W. T. S. Dodds, M. D., Indianapolis.
F. F. Hutchins, M. D., Indianapolis.
E. S. McKee, M D, Cincinnati
George L. Servoss, Reno, Nev.
E. D. Clark, M. D., Indianapolis.
F. B. Wynn, M. D., Indianapolis
Fred Charlton, M. D., Indianapolis.
E. B. Mumford, M. D., Indianapolis.
J. N. Hurty, M. D., Indianapolis.
Goethe Link, M. D., Indianapolis.
Ralcy Husted Bell, M. D., New York City.
Joseph Rilus Eastman, M. D., Indianapolis.
John F. Barnhill, M. D., Indianapolis.
Thomas Kennedy, M. D., Indianapolis.
Bernard Erdman, M. D., Indianapolis.
J. W. Wainwright, M. D., New York City.
W. H. Foreman, M. D., Indianapolis.
R. O. McAlexander, M. D., Indianapolis.
J. O. Stillson, M. D., Indianapolis.
Harvey A. Moore, M. D., Indianapolis.
W. W. Vinnedge, M. D., Lafayette.
Paul Coble, M. D., Indianapolis.
G. W. H. Kemper, M. D., Muncie, Ind.

This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession. The Editor assumes no responsibility for the views of contributors.

Vol. XIX. INDIANAPOLIS, IND., JULY 15, 1916. No. 7

ORIGINAL COMMUNICATIONS.

IMMUNTIY AND SUSCEPTIBILITY IN RELATION TO GONORRHEAL INFECTIONS.

By Noah E. Aronstam, M. D., Detroit, Mich.

What role does immunity and susceptibility play in gonococcic infections? Does one attack render the mucosa so susceptible as to predispose to another attack? Does the patient with repeated attacks of specific urethritis ever acquire immunity to the same? Is immunity at all possible in such cases, or is the reverse, absence of immunity or vulnerability that marks the end result of gonorrheal infections? These are questions that not only should interest the bio-pathologist, but the urologist and general practitioner as well.

The foregoing questions may be considered from two aspects (1) from that of laboratory experience and (2) from that of clinical observation. Whereas the former may perhaps be of much concern only to the pathologist, the latter will engage the attention of both him as well as the clinician. And I shall endeavor to discuss it solely from a clinical standpoint, intimating here and there, however, the latest utterances in the field of laboratory experience on the subject.

Clinical observation has repeatedly proven that one attack of gonorrhea predisposes to successive attacks; a vulnerability is established in the mucosa, a susceptibility on the part of the individual and the local structures as well toward future infections. Another very important factor we note in relation to recurrent attacks, is, that the infections never assume the same intensity or acuteness as on previous occasions. Although the vulnerability is undoubtedly greater, the severity of the process is less pronounced.

So that in the course of time when favored by recrudescence, a chronicity may be established, and the type may resemble that of a mild catarrhal urethritis or urethrorrhea. Microscopically, however, the gonococci can be readily de-

Digitized by Google

monstrated. Bacteriologically therefore, it is a gonorrhea, which clinically to us and subjectively to the patient exhibits a very mild character.

Another very interesting fact has been observed in studying immunity in relation to gonorrhea, and this is the comparative immunity of certain individuals toward infection. Two or more individuals may have coitus with the same gonorrheally infected female, one or two contracting the disease, while the third or the rest escaping. The theory has been advanced that the first usually bears the brunt of the process, i. e., he encounters the greatest virulence and becomes the recipient of an undiluted infection, while the others only come in contact with a compatative infection free soil. This view lacks logical confirmation. No matter how little the infection is in a given case, there still is infection; it is not a question of quantity but of quality. The reasons for it lie in a different direction, namely: Susceptibility and immunity.

The individuals in the above instance escaping infection undoubtedly possess these prerequisites of protection; they have a normal mucosa and are endowed with the power of resistance to ward off infection.

Another theory has of late been advanced, though lacking clinical and laboratory corroboration, viz., the role which the urethral glands and crypts play in infection. Some maintain that they furnish a secretion endowed with bactericidal properties, and that in subsequent and repeated infections the function of these glands is either diminished or entirely lost; again, that in others the glands and their products are but rudimentary in character, thus not affording sufficient material to repel infection. The theory is novel, if anything, and sounds good, if it could only be substantiated by future investigations. What importance there may be attached to the crypts and glands within the fossa navicularis is also a matter of speculation. That they not merely serve as mucous glands per se, just secreting a lubricating or moistening substance goes from the fact, that some of them are of the compound racemose variety, a type that is known to be instrumental in the production of a secretion, a useful and specific product in the maintenance of the organism. We know so little of the physiology of these glands that any theory offered for their raison dêtre and functional activity is more or less of a speculative nature. A great deal remains to be done yet in the domains of physiology of the genito-urinary apparatus.

To return to our subject of susceptibility, other features of this problem may be of interest. We know that specific or gonococcic urethritis is not the only infection attacking the urethra; there are numerous other diseases that involve the urethral tract; among others may be mentioned the different non-specific forms of urethritis, either caused by the staphylococcus group or the colon bacillus, or a mixture of both—a mixed infection. I have seen numerous cases of urethritis due to the colon bacillus, that proved just as rebellious and intractible as specific cases. If recovery does take place, these infections likewise leave in their wake a more or less susceptible mucosa, delicate and vulnerable, a so-called locus minoris resistantiae, that readily invites infection of any kind and creates a favorable soil for microorganisms. So it may be stated axiomatically, that any predisposing condition of the urethra favors infection.

Another very interesting factor relative to the subject is the period of incubation. It varies greatly in different individuals, depending of course, upon the particular type or form of infection. Thus in patients who have been previously attacked the period of incubation is very brief, while in those who have never suffered before, it is more or less prolonged. In gonorrhea, the period of incubation is comparatively shorter than in the non-specific cases. As a rule it may be stated that the period of incubation varies in the different forms of infection from 14 hours to 14 days. The latter is only the case with the non-specific types, while the former generally applies to gonorrhea.

Digitized by Google

So much has been written relative to prophylaxis, that it may not be amiss at this juncture to utter a few remarks concerning it. To curb sexual passion entirely and to adhere to strict continence is an ideal state, that in the present exigencies of our civilization is impossible. The individual will blindly follow the imperative call of the race, that under the guise of sexual instinct is merely an effort on the part of nature to procreate and perpetuate it; hence illicit intercourse, in view of the fact that the present economic conditions are opposed to the ideal consummation of the process, becomes inevitable. Regulation of prostitution does not regulate it and attempts at abolition never abolishes it. It is with us and will remain until the entire social order of mankind is radically changed.

What could be done to prevent the various infections from attacking the individual is a more or less rigid prophylaxis. This can be tentatively accomplished in two ways (1) by mechanical protection (2) by bactericidal or antiseptic measures. The former consists in shielding the member from infection by means of a thin rubber tissue in the form of condoms, the second by various antiseptic substances. The mechanical measures are dangerous and unreliable, for minute punctures in the rubber tissue are apt to occur, sufficient for the entrance of infection. The second method, though by no means absolute and perfect, is perhaps a little more reliable. It consists in a hand injection of a 15 per cent. sol. of argyrol or ½ per cent. of hegonon or 1 per cent. of protargol into the meatus and the simultaneous applications of a 33⅓ per cent. ointment of calomel to the glans, the entire penis and adjoining parts immediately after coitus. Many observers claim that by such means of prophylaxis they have actually prevented infection. I am not prepared to question these assertions; suffice it to say, however, that these claims come from competent authorities with large clinical experience. It is, however, a matter of questionable propriety to advise a young man indiscriminate and promiscuous cohabitation with the aid of these preventatives. Personally I am disinclined to counsel it.

Summary.

In conclusion I desire to summarize certain principles that may be elicited from the foregoing.

1. That the susceptibility of an individual is greater in proportion to the number of attacks of gonorrhea.

2. That complete immunity is never conferred on the individual by subsequent recurrences.

3. That partial immunity is possible if considered from a standpoint of severity of a given case in a series of successive attacks.

4. The period of incubation varies with the type of infection and the susceptibility of the patient.

That prophylaxis as advocated by some is far from reliable.

30 Adams Ave. W.

THE REPORT OF A FAVORABLE RESULT OBTAINED IN THE TREATMENT OF A CASE OF GANGRENOUS ABSCESS OF THE LUNG BY INTRAVENOUS INJECTIONS OF CALCIUM SOLUTION.

By Thomas J. Beasley, M. D., Indianapolis, Ind.

Mrs. D. was operated on for removal of tonsils, on April 5, 1916, at which time she was apparently in good health and free from fever. Immediately following the operation the patient developed a temperature of 100° F to 101° F. The fever continued in this course until April 17th. On that day temperature rose to 104° F. At 4 a. m., April 18th, during a severe attack of coughing, an abscess of the upper and posterior portion of the upper lobe of the right lung ruptured and rapidly discharged what was estimated to be about one liter of thick, greenish, offensive pus. Subsequently patient expectorated about one

Digitized by Google

liter of gangrenous pus during each twenty-four hours. Temperature for first week, after April 18th, ranged from 101° F to 102° F. Third week after rupture of abscess, temperature continued to rise and ranged between 102° F to 104° F. The patient's appetite was poor, and she was profoundly toxic and extremely weak. Amount of expectoration continued about the same, with incessant coughing, which produced restless nights, requiring the employment of opiates to lessen her pain and distress. The patient was confined to bed during this entire time.

I was first called and took charge of the case May 9th, at 8 o'clock a. m. Temperature was 103° F., pulse 130. At this time I gave first injection of calcium intravenously, followed the intravenous use of calcium, as outlined in my former articles upon this subject published in this journal. Tonic of iron, arsenic and strychnine, with two grains of iodized calcium were prescribed. This constituted the medical treatment aside from the calcium injections. Patient was instructed to lie on left side for period of ten minutes out of each two hours in order to better empty the cavity of its contents by gravity. The temperature the next morning at 8 o'clock was 102° F., and gradually declined during the day, and at 5 o'clock was 101° F. On May 13th, I gave a second intra-venous injection of calcium. Highest temperature range on May 14th was 100° F. Temperature and pulse from this time gradually declined and the fever seldom exceeded 99° F after the second injection. Sputum by the tenth day after the first injection had lessened to one-half liter in each twenty-four hours and was then free from odor and had become very thin and watery; appetite was now good; very little coughing, and strength greatly improved.

From this time the improvement was very rapid, and, at the end of the third week after first injection of calcium, the temperature and pulse had become normal and patient was permitted to be up most of the time. Now, after a period of forty-nine days, cough and expectoration have been absent for two weeks and the patient has apparently made an uneventful recovery. Strength and weight about normal. During this period of time ten intravenous injections of calcium have been given.

Physical examination of the patient's chest now fails to show evidence of cavity formation. Diminished breath sounds, increased tactile fremitus, and slight dullness are the only findings that can now be obtained over the area that was involved by the abscess.

Examinations of the sputum from this case was as follows: May 11, 1916—no tubercle bacilli, many streptococci, many staphylococci and many diplococci; May 21, 1916—specimen negative. Several subsequent specimens have likewise been negative. A microscopic study of the tissue debris of the first specimen examined indicated that this abscess involved pulmonary structure, thereby confirming the diagnosis of pulmonary abscess.

DIAGNOSIS OF GLAUCOMA, IRITIS AND INCIPIENT CATARACT.

By W. F. Hughes, M. D., Indianapolis.

Glaucoma.

If the characteristic clinical picture of glaucoma were kept vividly in mind by every general practitioner, the disease would usually be recognized early; much good would be accomplished and positive harm prevented. The signs are so distinctive that practically every acute case would be recognized quite early and permanent relief could be secured in a large majority of these affections. Surrounding the cornea is a marked injection of a peculiar dusky color. The hyperemia is predominantly of a venous character. The insensitive cornea shows a peculiar dullness often compared in appearance to glass which has been breathed upon. The anterior chamber is quite shallow. The pupil, unresponsive to light is large with a gray or greenish gray reflex. If

Digitized by Google

the condition is not recognized by these external signs the intraocular tension should be taken. Roughly, this may be determined by a comparison with the unaffected eye or a normal eye of another individual. Unfortunately the important symptom of increased intraocular pressure varies greatly in the course of the disease and often its presence or absence can only be accurately determined by the tonometer. Preceding the inflammatory attack the following prodromal history usually may be secured. Frequent changes in the refraction often appearing purely presbyopic, the appearance occasionally of variegated colored circles about lights, flashes of light, periods in which objects seem to be seen through smoke, and attacks of ciliary neuralgia, are symptoms which should receive careful consideration.

The chronic type of inflammatory glaucoma is characterized by the gradual onset of dimness of vision with distinct exascerbations, later accompanied by gradual engorgement of the anterior ciliary vessels. Focal illumination shows an increasing haziness of the cornea, shallowing of the anterior chamber, dilatation of pupil and greenish gray pupillary reflex. Increasingly severe painful attacks begin to appear with the distinct signs and symptoms of an acute glaucoma.

Most of the characteristic signs are absent in simple glaucoma. Practically the only subjective symptom is a gradual loss of vision. The anterior segment of the eye shows no signs of the disease. Often no increase of tension can be detected on frequent examinations. Only a small per cent. of these patients will give a history of the prodromal symptoms of the disease. The diagnosis must be made by an examination of the fundus with the ophthalmoscope, since the refractive media are clear, the glaucomatous cup formed in the optic nerve is comparatively easily seen. The papilla is pale bluish or greenish white with a deep cup which extends to all margins of the disk. Instead of the vessels emerging from the center of the nerve entrance they are pushed over to the nasal edge. The papilla is generally surrounded by a yellowish zone. A careful study of the visual fields will show a characteristic contraction beginning on the nasal side and usually above. The long persistence of the color sense with their ordinary arrangement, namely green, red and blue, as shown by the primeter is often a very valuable aid in differentiating simple glaucoma from optic atrophy in which the color fields are contracted in advance of the form field.

Secondary glaucoma is differentiated from the previously described varieties by not being a disease per se but as the result of some other pathological change. Perforating corneal ulcers in which the iris adheres to the cornea in healing, serous iritis, intraocular tumors, bulging corneal scars and beginning cataract are some of the most usual causes for this variety of glaucoma. After the increase of tension occurs the disease follows the usual course of the acute or chronic inflammatory varieties.

Iritis.

The symptomatology of iritis varies somewhat in the different varieties based upon etiology, yet in the cardinal symptoms there is a distinct uniformity. At first the patient complains of lacrymation and photophobia which is followed by a varying degree of conjunctival hyperemia. Following this the deep ciliary injection appears associated with a contraction of the pupil. As the inflammation proceeds, fibrinous exudates appear on the surfaces of the iris as well as in the pupillary area which soon glue the iris to the capsule of the lens unless a reliable mydriatic has been instilled into the eye. The fibrinous exudate into the tissues of the iris smooths out its structural formation and produces a flat, muddy, greenish appearance on its surface, which is quite characteristic. Exudates which do not adhere to the iris may float through the anterior chamber and form deposits on the posterior layer of the cornea. These exudates usually indicate a very serious attack and add materially to the seriousness of the prognosis since the ciliary body is practically always involved. Severe attacks of pain

Digitized by Google

are characteristic of the acute variety. The quiet type of iritis is commonly free from painful sensation. The disease may not be detected until the pupil is bound to the anterior capsule.

Cataract.

An increasing myopia in an individual past forty-five is often considered a prodromal symptom of senile cataract. Whenever a history is given that a presbyope, has discarded his plus glasses and the "second sight" is coming on, the physician should at once be on the lookout for a beginning senile cataract. The increase in the refraction is due to an increase in the density of the lens. Monocular multiple vision often precedes the diminution of visual acuity. In the early stages the amount of interference is due to the location as well as the density of the opacity. Every opacity of the lens begins at one or more special spots. These may remain stationary, often without producing subjective symptoms. The objective examination shows a white or grayish white opacity immediately back of the pupil. This must be differentiated from sclerosis without opacification by focal illumination and the use of the ophthalmoscope. The ophthalmoscope shows the opacities as black dots or striae. This is the real diagnostic sign of a beginning cataract. When the opacification reaches the stage where the retinal reflex is gone the examination is limited to inspection and focal illumination. The senile cataract is differentiated from the membranous exudate in the pupillary area by the adhesion of the exudate to the pupillary margin and the absence of the normal reflexes in the latter condition.

Differential Diagnosis.

Glaucoma and cataract are usually found in individuals past middle life while iritis may occur at any age.

	Inflammatory Glaucoma.	*Simple Glaucoma.*	*Iritis.*	*Incipient Cataract*
Pupil	dilated	normal	contracted.	normal.
Cornea	stationary greenish reflex steamy, anesthetic.	normal	usually clear, sensitive.	normal
Ant. Chamber	shallow	normal	normal.	normal or slightly shallow.
Vision	marked reduction	reduced	blurred.	reduced.
Pain	intermittingly severe.	none	usually constant.	none.
Photophobia	none.	none	severe.	none.
History	variegated rings about lights. Attacks of painful loss of sight, etc.	gradual loss of sight	painful inflammation of the eye.	polyopia, loss of vision, "second sight."
Lachrymation	usually increased.	normal	*marked increase*	normal.
Ophthalm'sc'pe	cupped disk.	cupped disk	exudates on margins of pupil.	opaque spots or striae in lens.
Fields	contracted.	contracted.	practically normal.	usually none.
Ciliary inj'n	venous congestion.	none.	arterial congestion.	none.

THE SCIENTIFIC AND COMMERCIAL RELATION OF CHEMISTRY TO THE EUROPEAN WAR.

By Morton M. Milford, Washington, D. C.

Chemistry is the handmaiden of war. The European war is a chemists' war.

Dr. L. H. Baekeland, German scientist, was the first publicly, to assert it. Allerton S. Cushman, Ph. D., director of the Institute of Industrial Research, has undertaken to prove it, and Senator Hoke Smith of Georgia, fascinated by his presentation of the facts, has submitted to the Senate, in pamphlet form, Dr. Cushman's treatise dealing with "The Role of Chemistry in the War." It contains information of technical character, intelligible only to the student of

Digitized by Google

chemistry; but it contains also, in simple language, much to satisfy the popular appetite for information on the subject. And it all revolves about nitrogen.

Educated and uneducated persons are familiar with the function of nitrogen, of which the air we breathe is composed in four-fifths part. Nitrogen as a fertilizer is no stranger to them. But one thing generally they do not know, says Dr. Cushman, and that is "that without fixed nitrogen in great abundance mankind could not wage war upon one another under modern conditions. Ever since gunpowder replaced the bow and arrow fixed nitrogen has been used by man to hurl destructive missles at his adversaries. No explosive substance has ever been used in peace or war which did not depend for its activity on the extraordinary properties of the element nitrogen."

Therefore, it is that in large measure Dr. Cushman's treatise is devoted to an explanation of the properties of nitrogen, which, as a molecule, is quiet and well behaved, but when converted into a free atom, is dynamically and terribly reactive. Ammonia can be made to react with iodine to form the compound known as nitrogen iodide, a brown powder which, when carefully dried, will remain innocently enough. "If, however," says the author, "we even so much as tickle this brown substance with a feather, or even if a door in the building in which it lies is rudely slammed, a terrible detonating explosion will occur. A quantity of this powder which could be heaped on the surface of a small silver coin would be sufficient to wreck everything in its neighborhood."

So it is obvious, the writer explains, that the task of the chemist is to find ways of locking nitrogen to other elements or groups of elements, so that it will be fixed tightly enough to prevent premature explosions, but not so tightly but that it can be exploded by small quantities of more reactive nitrogen compounds made up in the form of percussion caps and detonators. And all modern high explosives—dynamite, guncotton, picric acid, and others masked under trade names such as lyddite, melinite, turpenite, etc.,—are just such chemical combinations of nitrogen as this.

On the western coast of South America, in Chile and Peru, there occur vast natural deposits of nitrate of sodium, commonly known as Chile saltpeter. They constitute the world's known supply of fixed or combined nitrogen. Treated with sulphuric acid, which is cheap and plentiful, sodium nitrate yields nitric acid. Various organic substances treated under certain conditions with nitric acid yield bodies which are used as dyes, while others of these bodies are the high explosives referred to. But sodium nitrate is necessary as a fertilizer and in spite of the vastness of the Chilean beds, thoughtful, scientific men for many years have given warning of the danger of their exhaustion. Sir William Crookes, of the British Association for the Advancement of Science, dwelt on the seriousness of the problem in earnest manner as far back as 1898.

The present annual output of the Chilean fields amounts to about 2,500,000 tons. The United States takes about a fourth of it and half of the Chile saltpeter imported into this country is used in the manufacture of explosives, a fourth in the arts requiring nitric acid, and the balance presumably finds its way to the soil as an intensive nitrogen fertilizer.

In the iron and steel industries of the world vast quantities of coal have to be partially burned to coke. In this process large quantities of valuable by-products are driven off. Because of the extensive use in this country of the open beehive-shaped coke ovens, these valuable products have been permitted to escape into the air and to be lost. The present war has exposed the folly of this insane waste of material, useful in both the peaceful arts and in war. American coking coals contain about one per cent. of fixed nitrogen, which can all be saved and converted into ammonia or the sulphate of ammonia. It can be used as a fertilizer or converted by chemical processes into high explosives. Among the coke recovery products is coal tar, which

Digitized by Google

yields such intermediates as benzine, toluene and aniline, used in the manufacture of dyes, medicines, and explosives. The world's annual production of sulphate of ammonia from gas works and coke ovens is estimated at 1,250,000 tons.

Since Sir William Crookes sounded his note of warning to the world, chemists have paid especial attention to the problem of the fixation of the inexhaustible supply of nitrogen in the air. Enormous energy is called for in breaking up the nitrogen molecules and fixing the nitrogen atoms to other atoms, such as oxygen, carbon and hydrogen. The success of such industries therefore must hang, for the most part, on the successful harnessing of great water powers to this end. And yet the United States, the author deplores, has done practically nothing at all along this line. In America have been made practically all the inventions on which modern warfare depends, all of which, for lack of public interest or financial backing, have passed for their development to foreign countries. This is true of the aeroplane, the dirigible, the submarine, and is held to be equally true of the nitrogen-fixation processes. In 1902 two American pioneers, D. R. Lovejoy and Charles S. Bradley, established at Niagara Falls their first industrial apparatus for fixing the nitrogen to the oxygen of the air by means of the electric arc and thereby directly producing nitric acid. But nobody cared, least of all the government, and the industry died of inanition. American politicians were unruffled, but foreign chemists were awake. The development of this work in the hands of foreign scientists and engineers, the author avers, "has made it possible for Germany to challenge a world at arms." But to the two Americans belong the credit of having furnished the first answer to the distress call of Sir William Crookes. The industry in the world now represents an investment of many millions of dollars; there are factories in Germany, Norway, Sweden, France, Switzerland, Italy, Austria, Japan—even in Canada—but none in the United States.

In the technical discussion of his subject, Dr. Cushman explains the many combinations in which nitric acid is employed, forming high explosives together with phenol and other bodies. Phenol, or carbolic acid, when treated with nitric acid, becomes picric acid, which is used as a dye base and is also one of the most deadly of high explosives. When dry, it melts down quietly at a little above the water-boiling temperature. It is usually melted down with rosin or some other body which is used to dilute it, and these other bodies are partially responsible for the dense clouds of black smoke formed when shells loaded with picric acid mixtures explode and which, on the European battle fields, have gained for them the name of "Jack Johnsons." The German chemical industries have accumulated vast stores of nitro-substitution products from their great dye industries. Indigo blue, for instance, once extracted from a plant grown in India, is now made synthetically in Germany, and the by-products from the synthesis furnish some of the raw material for the nitro-bodies used in explosives. It took the patient German chemists twenty years to work it out.

Hydrogen is the lightest gas known. In the United States about 30,000 electrical horsepower are employed in manufactures which yield hydrogen as a by-product. It is permitted to go to waste. In Germany all waste hydrogen is conserved for filling the balloons of Zeppelin and for making synthetic ammonia. And Germany has made herself altogether independent of Chile's supply of saltpeter. "Modern warfare," says Dr. Cushman, "depends not alone upon the work of a general military and naval staff or upon the drilling and marshalling of millions, but, first and foremost, upon the systematic and painstaking researches of scientists."

He gives a brief explanation of the poisonous gases and flames with which modern armies seek to ruin and devastate one another. Chlorine and bromine enter largely into their manufacture, he suspects. Chlorine gas is obtained in enormous quantities in the same way that hydrogen is. Bromine is another

Digitized by Google

by-product material which is allowed to escape in this country, but which Germany has been saving in increasing quantities for years. If it comes in contact with the skin it produces serious burns which are slow to heal. When chlorine gas is allowed to come in contact with bromine under certain controlled conditions, they combine to form a limpid fuming liquid, known as chlorine of bromine, which contains the properties of both elements. "It is said that this awful substance," according to the conjecture of the author, "is the material that the warring nations have been hurling at each other in shells, bombs, and hand grenades, although exact facts regarding these dreadful practices probably will not be available until after the war is over." The masks or breathers resorted to for protection against these gases contain substances which are absorbents of chlorine and bromine and with which they can combine or fix themselves.

The purpose of Dr. Cushman's brochure and the effect it is designed to have on Congress and on the public, is outlined in his concluding paragraph. "Fixed nitrogen is the first and most important element of national defense," he says. "The paper will have served well the author's purpose in preparing it if it should succeed even to a slight extent in calling attention to the necessity of purchasing and storing at a central point an adequate supply of Chilean nitrate. As an alternative arrangements should be made which would have the effect of inducing capital to exploit in this country the fixation of atmospheric nitrogen. The fact that fixed nitrogen will become an increasingly important factor in the production of food simply means that, come peace or war, foresighted preparation will not, under any circumstances, be unprofitable or in vain."

A subscriber asks, "What globe-trotter has made the quickest trip around the world?" John Henry Mears, of the New York Evening "Sun," at present holds the record. Traveling east from New York City in 1913, he crossed the Russian Empire by the Siberian Railway and reached New York again in 35 days 21 hours and 35 minutes. In 1911 Andre Jager Schmidt made the trip in 39 days; George Francis Train, in 1890, made it in 67 days; Nellie Bly, 1889, in 72 days; Captain Seymour, 1876, in 117 days; Magellan expedition, 1519-22, in three years.—The Outlook.

AMERICA'S CHANGE OF MIND.

"A peculiar, yet definite, change of the popular mind has taken place within the year. In the first horror of war, when daily tidings of wholesale slaughter shocked Americans into renewed appreciation of the blessings of peace, the sentiment was unanimous that the United States 'must keep out.'

"Sensibilities, however, have been dulled, and as a very natural consequence of staled imaginations there is today no very great reaction to European despatches that tell of a hundred thousand sons and fathers killed, a hundred thousand homes destroyed. It is not that our emotions have calloused; simply that our emotions have numbed. Former habits of life and thought, reasserting themselves inevitably, have restored the old selfishness and all the old prejudices.

"A certain unity, bred by common revulsion against the insanity of conflict, has disintegrated under the influences of the partisanship stirred by that conflict; the silence of tragedy has given way to the noise of recrimination; ugly distrusts and suspicions have developed; and a vast irritability is gaining ground. In a word, peace has got on the nerves of America. The strain of neutrality has brought on a national attack of the hives."

George Creel, in the June Century.

TRIFLES.

"I can't imagine what's the matter with me, doctor. I'm continually thinking about myself!"

"Tut, tut! You must stop worrying over triffes."

—N. Y. Evening World.

Digitized by Google

INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

A monthly journal owned, controlled and published wholly by physicians, devoted to advancing the best interests of the profession.

The Journal is mailed on the fifteenth of each month.

"Entered as second-class matter, February, 1909, at the post-office at Indianapolis, Indiana, under the act of March 3, 1879."

The pages of this journal are at all times open for all legitimate professional publications.

Articles for publication are accepted with the understanding that they are sent to this journal exclusively.

Manuscripts should be typewritten and not exceed 1500 words.

All correspondence with the exception of that relating to the Advertising Department should be addressed to 634 Occidental Building, Indianapolis, Ind.

Subscription price, $1.00 per year in advance.

Make remittances to the Indianapolis Medical Journal.

THE NATIONAL BOARD OF MEDICAL EXAMINERS.

Several of the important medical journals have taken occasion to endorse this board and we believe they were not in error. Perhaps a few do not know the intent of the work of this organization and it may be apropos to give a synopsis.

The need of a standard medical examining body for the whole United States and its territories (tributary thereto) has occasioned the organization of The National Board of Medical Examiners. It is a voluntary board, the members of which are selected from the Medical Corps of the Army, the Navy. and the Public Health Service, the Federation of State Examining Boards, and other representative organizations, and the medical profession of the United States.

The aim of this board is to establish a standard of examination and certification of graduates in medicine, through which by the co-operation of the individual Boards of Medical Examiners, the recipients of the certificates of the National Board of Medical Examiners may be recognized for licensure to practice medicine.

The policy of the board is to conduct its examinations on a broad scientific basis of such a high yet practicable standard that the holders of its certificates will receive universal recognition.

The independent action by the board is furthered by the financial and moral support of the Carnegie Foundation.

Requirements for Admission to the Examination.

Satisfactory completion of

(a) High School. A four-year high school course.

(b) College. Two years of acceptable college work, including physics, chemistry. biology, and a modern language.

(c) Medical School. Graduation from a Class "A" medical school. (American Medical Association classification.)

(d) Hospital Training. One year as interne in an acceptable hospital or laboratory.

The above requirements apply to graduates of medical schools in 1912 and thereafter. The board may accept equivalent credentials in the case of graduates previous to 1912.

Candidates who have been successful in passing the examination and are approved by the board, will be granted certificates.

This certificate is not a license to practice medicine, nor does it exempt the holders thereof from complying with the legal requirements of the States in which

Digitized by Google

they desire to practice; but it will be evidence of high attainment in medical knowledge; and will, the board believes, soon be accepted by State boards as evidence of qualification for licensure.

The permanent organization of the board will consist of the three surgeon-generals and one other representative from each of the Government Medical Services, three representatives of the Federation of State Medical Examining Boards, and six members chosen at large from the medical profession by the National Board of Medical Examiners.

The official domicile of the board is Washington, District of Columbia.

The passing grade is an average of 75 per cent. No fee is charged for the examination but there is a registration fee of five dollars.

Additional information to that given by us can be obtained from Dr. J. S. Rodman, 2106 Walnut street, Philadelphia.

The date of the first examination is Oct. 16, 1916, at the Army Medical Museum, Washington, D. C., and will cover a period of one week.

S. E. EARP.

TREATMENT OF SYPHILIS—PERSONAL NOTES.

Dr. B. R. Kirklin, of Muncie, who gave over 800 doses of salvarsan and neosalvarsan while he was assistant to Dr. A. W. Brayton in the City and Bobbs Dispensary clinics for skin and syphilis, in 1912-13, 1913-14 reports that he has given 75 injections of arsenobenzol made under the direction of Dr. J. Frank Schamberg, of Philadelphia, without a single bad result. He also reports that the results clinically are identical with those obtained with the salvarsan and neosalvarsan of Ehrlich. He has observed further that the last shipment that he received of arsenobenzol goes into solution as readily as the German product.

The writer of these notes visited Dr. Schamberg, spending the afternoon of May 15th in his clinic at the Philadelphia Polyclinic, and in the laboratory where some twenty-five or thirty pathologists, chemists and helpers were engaged in the manufacture of arsenobenzol, through all the stages from anilin oil to the finished product. He was pleased to hear Dr. Schamberg remark upon examination of his records, that because of the teaching and practice in the treatment of syphilis in the Indianapolis clinic, and among the physicians of Indiana, that Indianapolis was buying and using more arsenobenzol than the city of Philadelphia, where it is made. Dr. John Albert Kolmer, who is Dr. Schamberg's pathologist and scerologist, was also at work in the clinic. Dr. Kolmer is a nephew of Dr. John Kolmer of Indianapolis. He has recently written a large text-books on serology, which was reviewed at length in the Indianapolis Medical Journal.

One entire floor was occupied by the rats, rabbits and monkeys used in the great series of experiments Dr. Schamberg has made on the action of salvarsan in the lower animals, as well as in man. He has tested out the relative toxicity of solutions of varying concentration, of acid solutions and of alkaline solutions of varying degrees. Much attention was given to the toxicity of solutions made from water from different sources and also the age of the solution as affecting toxicity. No change takes place in the solutions if full up to the top and glass corked. One four-ounce bottle was perfectly good after standing several days in the sunlight. All of this work is presented in large charts for illustrative and lecture purposes. They were exhibited and discussed by Dr. Schamberg at the Fortieth Annual Meeting of the American Dermatological Association at Washington May 10, 1916, and were the basis of Dr. Schamberg's address before the Dermatological Section at the Detroit meeting of the A. M. A. The work also includes the relation of lethal doses to reactive manifestations and the nature of the reactive symptoms. The nature of the causes of toxicity was presented in discussions by Drs. Schamberg, Kolmer and G. W. Raiziss, the chief chemist of the laboratory. All of this work will be published in the journal of the A. M. A. We earnestly advise our read-

Digitized by Google

ers to read Dr. Schamberg's article on the salvarsan products and their experimental action on the lower animals as soon as it appears.

A recent letter from Dr. Schamberg states that he has stopped making arsenobenzol, as the original Ehrlich salvarsan and neosalvarsan are for sale in New York City. The Toronto salvarsan will probably continue to be made as Canada is at war with Germany

Dr. Schamberg's great work has demonstrated that a great variety of errors may be made in giving salvarsan and still the patients escape severe symptoms or permanent injury. Does a physician forget to make the solution alkaline by using the sodium hydroxide? Does he make it too alkaline by overuse of the hydroxide? Has he given too large a dose, 9/10 of a gram. when 4/10 is the commonly. used dose? Does the patient exhibit bad reactions? Such things are unfortunate, but do not be perturbed or discouraged. The experiments of Dr. Schamberg show that a wide series of blunders may be made, frightening the doctor and the patient, and yet the patient survives and gets the full benefit of the salvarsan. Bide your time and keep on using the salvarsan. Follow the directions on the circulars and you will make no mistakes.

The same is true in a general way with the salicylate of mercury. Rarely does it enter a vein when injected in the muscle. It must be put deep into the gluteal muscles. No set rule should be followed in the amount used, or the intervals between the injections. A patient weighing 200 pounds may take twice the quantity, 2 grains equal to 15 or 20 minims, that would be given to a delicate woman weighing 100 pounds.

The patient takes no medicine by the mouth or skin; he is under the physician's personal observation in his office thirty-six times in the year, a matter of vital importance to the patient to be examined weekly, and the doctor gets something from the patient each week, a dollar or five dollars according to his means. The salicylate suspension is a drachm of the drug rubbed up with an ounce of albolin. Any physician can prepare it. It is well shaken before use. so as to give a constant dose. The medicine costs the physician ten cents for the year and a dollar for the plain glass syringe with a needle an inch and a half in length. Our clinic patients are well pleased with the treatment. The pain of the needle thrust is momentary. No local anesthetic is needed or used. An abscess is essentially impossible; as the great teacher, the late Dr. Edward Keyes taught in his book, "Treatment of Syphilis," in 1896. The salicylate of mercury has the lead in the greatest clinics for treatment of syphilis in United States and Europe. It is the main treatment in the Vanderbilt clinic in New York, led by Dr. John A. Fordyce. It is used in the Philadelphia Polyclinic, lead by Dr. Schamberg, and in the great foreign clinics as well. It is the treatment oftenest used in the Indianapolis hospitals and clinics.

To reiterate: the cost—ten cents a year; the comparative painlessness of the injection; meeting and examining the patient thirty to forty times in the year; the quickness of the operation—only a few moments in the office; and its secrecy as compared with ingestion of pills or the untidy, difficult, and usually neglected mercurial inunctions; the safety of the patient's family and friends when the salicylate has been preceded by four or five weekly doses of salvarsan —all these facts and all the constantly increasing testimony of clinic and private practice in its favor, has made the use of salicylate certain and unassailable in the future treatment of syphilis.

Cacodylate of sodium, unwisely and unfortunately advocated by Dr. John B. Murphy of Chicago. just at the time that salvarsan was becoming commonly used in our country, has been proved over and over again to be of no avail in the treatment of syphilis. No drugs known to the profession destroy the spirochete of syphilis except mercury and the salvarsan product. Potassium iodide is a powerful remedy in tertiary lesions, but should always be combined with mercury to secure any lasting benefit.

A brief article by Drs. Nelson and Anderson of Leavenworth, printed in the

Digitized by Google

Journal of the American Medical Association, Nov. 17, 1915, contending that the salicylate of mercury does not influence the Wassermann reaction as dirently as other mercury salts, is not supported by the experience and practice of other scerologists and syphilologists. Their errors in serology have been amply corrected by other workers in recent papers published in the association journal, and no essential injury has been done to the use of the salicylate of mercury. The results speak for themselves in the work and reports of the great students and clinics of the country, and as far as the writer knows, no support or credence has been attached to their findings.

Dr. Kirklin is one of the surgeons of the Home Hospital of Muncie, Ind., of which Dr. George R. Andrews is surgeon-in-charge. The hospital was established in 1907. It has forty beds and does the work usually delegated to city hospitals. Dr. Andrews was a graduate of the Indiana University School of Medicine in 1897. Dr. Kirklin is of the same school, class of 1914. The writer of this note visited the Home Hospital the day of Dr. Kemper's anniversary of his fiftieth year of practice as a surgeon in the civil war, and a general practitioner and surgeon and obstetrician in Muncie. The hospital is doing excellent work. Most of the rooms are new. The surgery is complete; everything is neat, clean and appropriate to the purpose. The Ball Glass Works are located in Muncie and make fruit-jars for the world at large and furnish many patients to the Home Hospital.

Other private hospitals in Muncie are the Dr. Mix Hospital, of which Dr. Chas. M. Mix is physician in charge, of twenty-five beds. The Muncie Hospital was established in 1892, Dr. Wm. D. Whitney being the medical superintendent. These statistics are from the American Medical Association Dirctory, fourth edition, 1913. It is a pleasure to know that the modern methods of treating syphilis in the Indiana University Medical School, following Wechselmann of Berlin, and John A. Fordyce of New York. are becoming, through the efforts of the clinical staff of the Indianapolis school, widespread among the progressive young physicians of Indiana.

A. W. BRAYTON.

THE MEXICAN QUESTION; DISEASE DANGERS INVOLVED.

As the State Militia of Indiana and other states are assembling we are led to consider the danger to soldiers by diseases as well as by war. Actual invasion will be by the regular army; the State Militia will serve as border guards and reserves.

The Journal of the A. M. A. says in its issue of June 24th:

"Typhoid and smallpox vaccination have practically removed the menace to life from these diseases under military conditions. The militia, however, has not been immunized against typhoid even approximately to the extent that the regular army has been vaccinated. The danger from dysentery, which is still a menace to men in army camps, has been materially lessened through improvements in the preservation and protection of foodstuffs and through increased facilities for the transportation of supplies. Amebic dysentery may be prevented by strict supervision of water supply and filth disposal. The use of emetin in the treatment of this condition will aid in rapidly eradicating such cases as may occur. Malaria and yellow fever, conquered through eradication of the mosquito and prevention of mosquito bites, are no longer to be feared. Cholera, preventable by cleanliness, and typhus fever, the scourge of Mexico, also have been studied, and their prevention can be accomplished by the enforcement of adequate sanitary regulations.

The sanitation of camps has developed into a science. In the development of this science American investigators—many of them officers of the medical corps of the United States Army and of the Public Health Service—have led the way, and they may be depended on to carry out these measures to the fullest extent. Typhus fever is particularly a Mexican problem. It has been a factor

Digitized by Google

in the present European war, and the measures instituted abroad show how completely this disease may be controlled. Much has been said in connection with the European war of gas gangrene, tetanus and secondary wound infection. The frequency of these infections has been attributed to the cultivation of the soil in the region in which the war is being conducted. If this be the cause, this condition is certainly not to be feared in Mexico. Much of the warfare in Europe has been trench warfare, and diseases peculiar to this method of warfare have frequently been discussed. The problem in Mexico would appear to be a different one. In any event, it hardly seems likely that the old saying that "disease kills more men than bullets" will hold true.

We can be sure that American medical officers of every branch of the service will do all that is humanly possible to protect our soldiers in the field."

Certainly we shall escape the errors of the Spanish war. The vaccination of soldiers at Camp Ralston should stimulate vaccination against typhoid in Indiana. Probably there will be more deaths from easily prevented diseases—notably typhoid fever—in our state than all of the deaths of soldiers in the same time. A. W. B.

SUMMER VACATION CAUTION.

When considering your pleasure resort remember that the water supply, sewage disposal and freedom from flies means more to your health than rest and amusement. This is so like gospel truth that it is good food for reflection and those who read this injunction might well profit and abide by it. 'Tis better to be careful than sorry. It is the text of a sermon preached by the Illinois Health News and to add to its strength the cartoon on the cover of this publication represents a hospital ward and upon the bed of each patient is a tag bearing the word "typhoid." This is wholesome advice. The inscription above the picture is, "Resting after the Summer Vacation." S. E. E.

TUBERCULOSIS PATIENTS.

The report from the Indianapolis Tuberculosis clinic shows that a goodly number of the patients get well. They have been under the care of Dr. Alfred Henry and his assistants. The condition of some are only improved, and, true, others reach a fatal issue. What folly to send these advanced cases to another locality; in fact why send any patient from Indianapolis to the far west? The argument in favor of the patient is to remain at home where the proper care can be obtained and the opportunity to get well is far better. This was the experience of Drs. Potter and Dodds, and is the belief of Drs. Alfred Henry and T. J. Beasley, who have limited their practice largely to the treatment of tuberculosis.

The publication issued by the Illinois State Board of Health issues a warning in the same line. The Indiana board under Dr. Hurty has preached many sermons on the same subject and each has had its influence.

The Illinois Health News reproduces them from the daily press and simply changes the names. The patients took a trip to Rainbow, Colo., in search of health and the death notice shows that they have returned. The comment is the same that runs through the mind of every experienced and intelligent physician and yet patients are permitted to be influenced by the laity to take a trip to the west because of a lack of firmness of the physician. This is true, at least in many instances. The blame comes later. Following the death notices of the patients referred to heretofore there is this comment:

What man is there with a spark of imagination or an atom of human sympathy who can not close his eyes and see this man, in the golden years of his life, staggering in his weakness, enticed away from home and family by a ghost of a hope when there is no hope? And with him we can see the countless legions who, when far too late for any aid, have followed the lure of the west in childish ignorance and faith. And like children who place too much trust in the reality

Digitized by Google

of phantcms and fairies, weep bitter tears—just as bitter as death itself—in their inevitable disappointment.

I have no quarrel with climate. Whether it has or has not the value in the treatment of tuberculosis that enthusiasts claim for it, has no bearing upon this case. But even if climate does cure tuberculosis—and climate alone does not do so—it would offer nothing to this young man. No advocate of climatic treatment has ever claimed that the west or southwest will restore life to the dying. And yet this young man—like thousands of others before him—finds in the lauded west not a place to live, but a place to die as a stranger. A similar fate would have come to the man mentioned in the following item if death had not mercifully stepped in and prevented the ghastly pilgrimage.

The finale in such cases is especially sad. Even an incipient case away from relatives and friends, in the land of lonesomeness the resistance is lowered and the inroads of tuberculosis become more pronounced. Many such cases at home with the proper care might have recovered.

S. E. E.

ARGUMENTS IN MEDICINE LIBEL CASE ARE FINISHED

The American Medical Association to Pay the Bills—$100,000.

CHICAGO, June 15.—Argument to the jury in behalf of Z. C. Patten Jr., of the Chattanooga Medicine Company, manufacturers of Wine of Cardui, in his libel suit against the American Medical Association for declaring the company's product a nostrum, was completed late today. Federal Judge Carpenter announced he would instruct the jury tomorrow morning. Actual damages of $100,000 are sought, but Attorney Francis W. Walker for the plaintiff asked that further punitive damages be assessed.

This was the fifty-seventh day of the trial. The testimony and arguments amounted to 2,000,000 words. In addition there were 600 depositions containing 3.845,000 more words. The case is said to be one of the longest and costliest of civil cases tried in the United States District Court here, estimates placing the cost at more than $2,000 a day on each side, totaling $228,000 or more than twice the actual damages asked by Mr. Patten.

Since the above was printed, the jury gave the Wine of Cardui people damages of one cent, throwing the costs, $100,000 more or less, on the Journal of the American Medical Association. As the Association Journal reaches a larger per cent. of its clientele (income $517,000; expenses, $317,000; net income $80,000), it can foot its bills. Half the doctors —over 45,000—take it and 75,000 have access to it and there are about 7,000 printed each week. "It covers its field more thoroughly than any other journal issued for any other class, profession, trade or specialty." We are personally sorry the journal lost its suit. The moral effect, however, of the trial now forever of record, will not be lost on the press or people. "Truth crushed to earth," etc., applies here. The journal will go on as long as the profession of scientific medicine endures. The management may be changed and perhaps bettered, but as the organ of scientific medicine the journal will endure.

A. W. B.

DEAR OLD RUSH.

The first medical college in the western part of the United States was Rush Medical College, founded in Chicago in 1837 by Dr. Daniel Brainard, who was born in Whitesborough, N. Y., 104 years ago, May 15, 1812. Rush College commemorates the name of Dr. Benjamin Rush, who was born near Philadelphia, of Quaker parentage, in 1745. Dr. Rush served as an apprentice to a Philadelphia physician for six years, and then completed his medical education in Edinburg, London and Paris. He was a signer of the Declaration of Independence, one of the founders of the first American anti-slavery society and the greatest physician of his day. During the yellow fever scourge in Philadelphia in 1793 he visited more than 100 patients daily.

Digitized by Google

ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

RABIES; TREATMENT IN ACTIVE STAGE PALLIATIVE ONLY.

In the California State Journal of Medicine for June, Dr. J. C. Geiger contributed a long article on rabies. Case reports give every detail. An important point is the failure of quinine as a remedy. I quoted an author's experience in college classwork, two years ago, relative to quinine, and regret that it has proved useless. It is noticed that this author refers to Dr. Virgil Moon of Indianapolis, who wrote an article on the effect of quinine on rabies in dogs. It was published in the Journal of Infectious Diseases, Vol. XIII, pp. 165-170. The following is an excerpt of Dr. Geiger's article and gives a study of the cases:

Of the thirty-three cases of rabies occurring during this epidemic, nine were having administered the Pasteur treatment or had completed the regular course. Of these, three came down with definite symptoms on the 17th day of treatment and one on the 19th day. Of the remaining, two showed symptoms in four days, two in fifteen days, and one three weeks after the completion of the full course of treatment. These facts are extremely interesting because Pasteur, in his experiments on dogs, showed conclusively that the full effect of antirabic vaccine did not manifest itself until fifteen days after the completion of the treatment. Considering that full immunity is not established until this time, only three of these cases are true failure of the treatment. The extreme virulence of the virus, as demonstrated by the short incubation period in these cases, is sufficient evidence against any delay in appearing for the treatment. Again, this short incubation period makes plain the limitations of the Pasteur treatment because its use did not check the disease, owing to the recognized slowness of effect. Twelve of the cases were bitten in the face and two were attributed to the inoculation of the virus into scratches and wounds with the saliva of the animal doing the biting. One case was bitten through the tongue. The balance of the bites were on numerous parts of the body. The shortest time of death after being bitten was sixteen days. This occurred in two instances, both patients being bitten on the face. Of the remaining cases, death in six occurred three weeks after being bitten, in two four weeks, in seven five weeks, in two six weeks, in one seven weeks, in three eight weeks, in two nine weeks, and in one eleven weeks. The duration of illness in the majority of instances was three days, the longest being ten. In every instance but one, and that by a cat, the bites were caused by dogs. In only six of the cases were the wounds cauterized at all, five of these being with nitric acid. In fourteen instances, the diagnosis of rabies were proven by microscopical examination alone, and in three by animal inoculation alone, and in fourteen by symptoms. We have records of two cases of pseudo-rabies occurring in human beings in which the clinical diagnosis was justified by the symptoms presented. In one, the length of the illness coupled with the fact that the animal doing the biting was well and from the latter symptoms presented by the patient, was proof that he was a malingerer. In the other cases the diagnosis of hysteria was borne out by the duration of the illness and its recurrence at the will of the patient.

It will be noted that every sedative used failed to control the nervous condition in any way whatever. In four of the cases, quinine was used during the course of the disease without any effect. This bears out the experimental results obtained by myself with the use of quinine in rabies in dogs. In two

Digitized by Google

of my experiments the control animals died from the effects of the quinine before the death of the other animals with rabies. A copy of the report of the committee of inquiry into the Pasteur treatment, of which James Paget was president and Joseph Lister a member, obtained from the United States Consul at London, is on file at the bureau.

This report calls attention to the failure to have effect in cases of rabies of many drugs, among which was quinine. Therefore, Moon's advocacy of the use of quinine was not original, as shown by this committee, as well as our experiments, is of no avail whatsoever in the treatment of rabies.

Taking into consideration the knowledge that we have at this time of the disease, it is obvious that treatment for rabies, in its active stage, must still remain palliative. S. E. E.

ACUTE ANTERIOR POLIOMYELITIS.

The present rather serious epidemic of acute anterior poliomyelitis in New York again calls attention to our ignorance regarding the nature and mode of spread of this scourge of childhood. The disease, although its causative agency is not known, behaves very much like an acute infectious disease, and, indeed, it is almost universally accepted that it is of germ origin. Inoculation experiments carried out by many workers, by Flexner and Lewis of the Rockefeller Institute and others, have been successful in passing the disease to animals, but not in finding the organism. It probably belongs to a class of organisms, as yet unidentified, that pass through the ordinary filter media.

At one time it was believed by many that this disease is a fly-borne one, and that the large biting stable-fly is the offending insect. It would seem that in large cities the stable would be a negligible factor, but in the congested centers it can play quite a part as a general nuisance and a menace to health. It is more probable, however, that the ordinary housefly is the culprit, yet against this is the fact that the prevalence of the disease is not wholly confined to fly time. Suspicion has also, and with some reason, been directed against the flea. A more plausible theory than that of the biting fly, and one that does not exclude the agency at times of the housefly, is that the disease is spread in the same way as influenza or common colds, for it is known that the pathogenic agent is contained in the nasal secretions of the sick.

The high morbidity and the disastrous effects of poliomyelitis certainly demand that every precaution against its spread be taken, and therefore among other things the regulations covering the management of stables should be made very stringent. In view, however, of the more probable means of infection, it is very proper to consider and to treat the disease with respect to quarantine and isolation in the same way as the other acute infections of childhood, and this holds even though instances of apparently direct contagion are rare. The assemblage of children in epidemic localities has been discouraged or forbidden, and although this with the closing of moving picture shows to children doubtless seems cruel to them, in face of the danger now threatening nothing that has been done to conserve the public safety can be accounted too harsh. The amount of infection or even the exact foci of infection are difficult to determine because many of the cases are believed to be abortive without paralytic symptoms, or so slight as to escape detection. On the other hand, there is little doubt that many cases of ordinary convulsions in children are diagnosed, in times of epidemic, as infantile paralysis in the so-called preparalytic stage, and so the prevalence of the disease is made to appear greater than it really is.

The amount of paralysis that will remain permanently after an attack of acute poliomyelitis is hard to estimate. There is usually a great deal of repair, but it is often spread over a long period, even as long as two years. Even in apparently paralyzed muscles, if they retain their faradic irritability to but a slight degree, there is hope of recovery under proper treatment. A great deal of harm is often done by commencing

Digitized by Google

irritative treatment, such as massage and electrical stimulation, too early, that is, during the acute stage of the disease. Later this treatment must be carried out relentlessly. Even when the paralysis is permament the physician can now hold out a good deal of hope if there are nearby muscles that are intact. Transplantation of tendons, so that the healthy muscles can do the work of the paralyzed ones, is an advance in surgery that has come to stay and will help to mitigate the evil of infantile paralysis.—Med. Record, July 8, 1916.

THE PARATHYROIDS.

About one year ago (May, 1915) Eugene H. Pool contributed, as the "Collective Review" in the International Abstract of Surgery, a summary of what was then known regarding the anatomy and physiology of the parathyroids, their relation to tetany, and the therapeutic measures, experimental and otherwise, which had been employed in tetany parathyreopriva. In view of the disappointing results following medical treatment and homotransplantation in tetany parathyreopriva, Pool strongly emphasized the necessity of giving these structures as wide a berth as possible when operating upon the thyroid. A second publication on this subject appeared in the Annals of Surgery for January, 1916, in a paper by Pool and H. C. Falk entitled "The Surgical Anatomy of the Thyroid with Special Reference to the Parathyroid Glands."

In the earlier years of operation for goiter, when the function of the thyroid was very imperfectly understood and that of the parathyroids not even suspected, removal of both lateral lobes of the thyroid at the same sitting was not sitting was not infrequently practiced, and this was sometimes followed by the gradual development of myxedema, occasionally by acute or chronic tetany. Cachexia strumipriva and tetany were for a long time regarded as different phases of but one condition—a condition which was supposed to be dependent upon insufficiency of the thyroid function. Although the normal gross anatomy and histology of the parathyroids were accurately described by Sandstroem in 1880, their physiological significance was not appreciated until Gley, in 1891, demonstrated their relation to tetany. While, normally, there are four parathyroids, occurring in pairs, it has long been known that this number and arrangement are inconstant. Careful examinations at autopsy have sometimes shown a smaller number, but for reasons which will appear later it is certain that when less than two have been discovered some have been overlooked or the individual has had aberrant parathyroids. Recognition of the parathyroid glandules, none too easy at autopsy, is still more difficult under the conditions that obtain at operation; and there are many operators of large experience in this class of surgery who do not hesitate to say that they have never been able positively to identify parathyroids as such while operating.

Under these circumstances, therefore, it is essential that the manifold relations of these bodies to the lateral lobes of the thyroid be thoroughly understood by the operator. In recent years, since the relation of the parathyroids to the development of tetany has been definitely shown, operators have generally endeavored to avoid them; or, if malignant involvement of the thyroid or other conditions have made it necessary to disregard the danger of removing the parathyroids in relation to one lobe, special pains have been taken to preserve those on the opposite side when operation upon the other lateral lobe was necessary. Then the only parathyroids the individual possesses may be in relation with the lobe that is being operated upon; since it is usually difficult, if not actually impossible, to identify these structures in the course of operation, their safety can be secured only by leaving a slice of the posterior portion of the thyroid substance. In case of the removal of the parathyroids in relation with the thyroid lobes tetany will result unless the individual is so fortunate as to possess aberrant parathyroids. If but one parathyroid is left the develop-

Digitized by Google

ment of tetany is probable; for Iversen's analysis of the cases of human tetany apparently showed that at least two parathyroids are, as a rule, essential.

Why is it that so many cases of tetania parathyreopriva have been reported in spite of the fact that practically all surgeons are well aware of this danger? The studies of Pool and Falk throw considerable light upon this question. Under what has been considered normal conditions the parathyroids are sufficiently removed from the thyroid substance so that when a lateral lobe of the thyroid is enucleated in accordance with the usual method (splitting the surgical capsule anteriorly and shelling out the lobe within this, meanwhile keeping strictly to the line of cleavage of the true capsule during this process) the parathyroids remain attached to the surgical capsule or are even posterior to this, in which latter case they should not come within the field of operation at all. So far as Pool and Falk's series of autopsy sections was concerned this happy state of affairs existed in less than 50 per cent. of the cases. In their studies the tissues of the neck anterior to the spine were removed at autopsy in twenty-five cases. The tissues were cut transversely in thin layers and a search was made for the parathyroid glands. As illustrating the difficulty in identifying these bodies it should be stated that these were not cases of goiter, hence the number and relations of the parathyroids may be considered representative; yet in spite of extreme care but sixty parathyroids were found out of a theoretical 100.

But it was the situation of those found with reference to the surgical capsule that is of especial interest to the surgeon. The sixty parathyroids found were grouped as regards their relation with the thyroid and its surgical capsule as follows: Twenty-six, or 43.3 per cent., lay external to the surgical capsule at sufficient distance from the thyroid to be safeguarded in an intracapsular extirpation of the lobe. Nine, or 15 per cent., were so situated in relation to the capsule as to make it doubtful whether they would be saved in an intracapsular removal of the lobe. Twenty-five, or 41.7 per cent., were in such a position that they would almost certainly have been removed with the thyroid in an intracapsular extirpation. In the case of unilateral intracapsular removal of the left lobe, this examination showed that two parathyroids would have been sacrificed twice; in the case of the right lobe two parathyroids would have been sacrificed twice and two would probably have been sacrificed once. Thus the operation of unilateral intracapsular lobectomy is attended with a risk that two parathyroids will be removed in 8 per cent., or in 14 per cent. if the doubtful cases are included. They also found that in intracapsular removal of both lobes four parathyroids would have been sacrificed in 4 per cent. of the cases; four would very probably have been sacrificed in 8 per cent., and four would have at least endangered in 12 per cent.

Among the authors' conclusions are that the relation of the parathyroids to the thyroid and its capsule is not of necessity the same for the whole set of parathyroids in an individual. Also that since usually two parathyroids lie on each side, and inasmuch as two parathyroids apparently can satisfy the demands of the body, the chance that tetany will develop as the result of extirpation of one lobe is extremely remote. It is reasonably safe, therefore, so far as tetany is concerned, to perform complete intracapsular extirpation of one lobe. It is, however, emphasized that for the prevention of tetany the posterior part of the lateral lobe must always be left on at least one side; and even when only one lobe is operated upon safety is better assured by leaving in situ the posterior part of that lobe.—Med. Record, July 8, 1916.

A THIRTIETH ANNIVERSARY—PASTEUR AND RABIES.

July 4, 1885, Joeph Meister, an Alsatian boy 9 years of age, was severely bitten by a rabid dog. This was the

Digitized by Google

first human patient on whom, July 6, 1885, Louis Pasteur used the protective treatment for rabies which he had proved on animals. In a delightful little volume entitled "Pasteur and After Pasteur," Stephen Paget has well said that there ought to be a calendar of the healing art to remind us of all such days. In these turbulent times when men and nations are gaining everlasting reputations in the death-dealing art, when the names of great generals and brave admirals are on the lips of old and young alike, it is fitting that we should recall the glory of those who have succeeded in the beneficent work of rescue and in preserving rather than destroying life.

From this day, humanity is armed with a means of fighting the fatal disease of hydrophobia and of preventing its onset. It is to M. Pasteur that we owe this, and we could not feel too much admiration or too much gratitude for the efforts on his part, which have led to such a magnificent result. Thirty years later these achievements have lost nothing of their original splendor.

When the infected wounds are promptly cauterized, the protection may be great. Usually this help is of little or no avail when the bites are multiple and lacerated; and when they are about the face and head, thorough cauterization is difficult or impossible. The statistics of Proust show that in a series of 117 cases which were not cauterized, there were ninety-six deaths; whereas, there were only eighty-nine deaths among 249 cases in which cauterization was practiced.

Pasteur's original method is still observed in essence if not in details in many parts of the world. Pasteur institutes devoted to the treatment of rabies are found in every civilized country. There are more than sixty of these antirabic clinics now in operation, the original Pasteur Institute of Paris having been opened in 1888. From 1886 to 1914 the world's record of death from rabies after anti-rabic treatment has been kept down to less than 1 per cent. Hogyes has collected statistics for 54,620 persons treated at twenty-four institutes with a mortality of only 0.77 per cent. Bernstein's figures include 104,347 patienst with a mortality of 0.54 per cent.

There are at the present time many rabid animals, mainly dogs, in Indiana. Dr. Shimer, pathologist to the state board of health, states that the health board of Indiana has treated 891 cases bitten by rabid animals or by animals with negri bodies with but two deaths. The treatment is given by a doctor and nurse in a room set apart in the health board building; that is, from twelve to twenty-five each month. Three injections are given the first day, two treatments the second and third days; then one each day until twenty-five treatments have been given to those who have been bitten by rabid animals. "Negri cases" get seven to ten treatments.

This work has been done since July, 1911. Any citizen or resident who needs it may have free treatment. The examinations of the brain substance for negri are made mainly by Dr. Ada E. Schweitzer.

A. W. B

TONSILITIS AND RHEUMATISM.

From the fact that tonsilitis often occurs as a precursor of acute arthritis, that is occasionally undoubtedly followed by acute endocarditis, and is sometimes benefited by the administration of salicylates, many are inclined the regard it as of rheumatic origin in many cases. Dr. Packard of Philadelphia, in a recent article in the American Journal of the Medical Sciences, reports several cases of endocarditis and arthritis complicating acute angina. He is disposed to regard these complications not as manifestations of acute rheumatism, but rather as cases of irritation of serous surfaces by germs or their toxins which enter the general circulation from the inflamed tonsils. He cites a case of endocarditis which died of broncho-pneumonia, reported by Charrin, in which at autopsy the staphylococcus pyogenes aureus was found both in the tonsils and in the vegetations on the valves of the pulmonary artery. In most cases of endocarditis associated with tonsilitis

Digitized by Google

reported, Packard was unable to find any evidence of articular trouble preceding the attack and in some cases he knew the heart to have been normal previous to it. If we designate these cases rheumatism it is apparent that tonsilitis stands as a cause rather than as an effect of the former disease. Indeed this latter view is consistent with the so-called germ-hypothesis as to the origin of acute articular rheumatism in contradistinction to the metabolic and nervous hypotheses. This might lead us to the view that acute rheumatism is not due to one specific organism, but is rather a form of septic intoxication or septic infection due to the absorption of the products of several species of microorganisms of the absorption of the germs themselves in some cases. That angina is not always present in rheumatism is true, but the same process of inflammation and absorption may possibly go on elsewhere—in the gastro-intestinal tract, for instance.—Pediatrics.

CASE OF DEATH FOLLOWING INGESTION OF ONE DRAM OF CAMPHORATED OIL.

Dr. Sidney V. Haas reported this case. He stated that the almost universal use of camphorated oil as a household remedy made a knowledge of the danger attending its internal administration important. Camphorated oil was a preparation containing 80 per cent. cottonseed oil and 20 per cent. camphor. The literature abounded with reports of deaths due to the ingestion of this preption. These reports showed that the amounts that had resulted fatally varied. Death had resulted from taking 7½ grains of camphor; on the other hand, an instance had been reported in which a child had taken a teaspoonful of the oil up on a full stomach and was then given a teaspoonful of castor oil and all went well. The case he wished to report occurred in a baby three weeks old. The baby was brought to the hospital three-quarters of an hour after having been given a teaspoonful of camphorated oil by mistake. (The baby had a slight bronchitis and the physician had prescribed castor oil internally and camphorated oil externally.) The child was cyanotic and appeared to be very ill. The stomach was washed out and the child was placed in a ward and at this time did not appear very ill. The maximum temperature was 100.6 degrees Fahrenheit. The child only showed signs of bronchitis which had been diagnosed before the camphorated oil was administered. After about forty-three hours the child died very suddenly in a cyanotic attack. This was in accord with observations previously made that death from this cause usually occurred within forty-eight hours. The urine in this instance showed a slight trace of albumin. As an explanation of the toxicity of camphor in young infants and weakened children, it might be mentioned that C. Happich, in experimenting on rabbits and guinea pigs, found that the degree of tolerance for camphor depended upon the presence of glycuronic acid, which was produced in the pulmonary circulation by the combination of sugar and oxygen. In states of inanition this substance was much reduced and the individual became more susceptible to the toxic action of the drug.—Medical Record.

HEMORRHAGES IN CHILDREN.

H. Brooks Mills. (American Journal of Obstetrics, December, 1915, p. 1096.)

In the majority of instances the bleeding in children is likely to be a slight oozing, traumatic and local in character. In the newborn certain diatheses which have hemorrhage as a symptom, such as Buhl's disease, Winckel's disease, syphilis and melena neonatorum, may be present, but are rare. Buhl's disease occurs in apparently healthy infants, its symptoms being vomiting, cyanosis, jaundice and hemorrhage. Its treatment is symptomatic. At autopsy multiple hemorrhages and fatty degeneration in all the viscera are found. Winckel's disease resembles Buhl's disease, except that it is of epidemic character, has more hemorrhage and less fatty changes and is more rapidly fatal. In syphilis, the hemorrhage consists of capillary ooz-

Digitized by Google

ing from the umbilicus, nose, bowels and other organs. Cyanosis, edema and icterus are usually present. One grain of calomel or of calcium chlorid should be given every twenty-four hours. In melena neonatorum, the injection under the skin of at least an ounce of human serum, according to Welch of New York, is the best treatment.

The author finds that blood coming from the gastrointestinal tract often comes from the swallowing of blood by the child nursing from fissured nipples. Purpura is usually a symptom of toxemia following the infectious fevers, or the administration of large doses of drugs like phosphorus and antipyrin. Calcium chlorid or the use of adrenalin is often beneficial. Bleeding as a symptom of scorbutus is well known. It is pointed out by the author that a history of imperfect feeding and the joint involvement will make the diagnosis clear. This will be further verified by the improvement upon the administration of fruit juices and a proper dietary. Hemorrhage in typhoid in children is a very rare condition. Hematemesis, or vomiting of blood, is due to ulceration of the stomach. Rectal feeding should be inaugurated. Suprarenal extract in one-grain doses hourly until the vomiting has ceased is indicated. The author urges that serum or vaccine therapy is the treatment of choice in all cases of hemorrhages.—Archives of Pediatrics for June, 1916.

HEMORRHAGE IN NOSE AND THROAT WORK.

As a constitutional hemostatic measure, calcium lactate has been recommended on account of its capacity of hastening the coagulation of the blood, its efficacy being especially marked in hemophilic cases. It was used by Simpson in hemorrhages associated with nose and throat operations, with an idea to their modification, if not prevention. He administered it for three days prior to operation and three days or longer afterward. In children the average dose of 20 grains three times daily was administered. These operations included septum and antrum interventions, turbinectomies, extirpation of adenoids, and tonsillectomies. From the results of seventy-five cases of the last-named groups, Simpson was convinced that calcium lactate not only controlled the bleeding at the time of operation, but that it was especially helpful in preventing secondary hemorrhages.

A few remarks may well be made in this connection on the prophylaxis of operative hemorrhage in nose and throat work. Children are far safer risks than adults, for age is a predisposing factor, and serious bleeding does not usually occur in patients under fifteen years of age. Postinflammatory sclerotic changes of the tonsils are very common in adults, and the resulting scar tissue prevents the retraction of the vessels after the extirpation of the tonsil. No operation should be performed upon actively inflamed tonsils. In case the tonsils are known to be full of scar tissue, and the seat of fibrous degeneration, prophylactic serum injections are advisable. A general examination of the patient may reveal the existence of lues or of kidney or heart disease, which often involves a tendency to operative hemorrhage. More or less serious nasopharyngeal bleeding in nose and throat operations has been reported coincident with the menstrual period in women. It is therefore the part of wisdom not to operate during the week immediately preceding or following menstruation. As hemorrhage is especially apt to occur when the venous circulation of the face is obstructed and free breathing is hindered, it is essential that the patient's neck be not encircled by a high collar or other impediments.

The verdict of the laity today is to condemn us for any accident that may occur during or as the result of our surgical interference, and hemorrhage is not considered by them as an unavoidable accident, but rather as a sequence of our faulty technique in handling our cases.

Touching, in conclusion, upon the

Digitized by Google

sequelae of hemorrhage in operations upon the nose and throat, it is obvious that the general and inevitable result of profuse bleeding is anemia and exsanguination. Such a condition is particularly dangerous on account of its frequent combination with chronic diseases, and also when it occurs in patients who were already anemic prior to the operation. Recovery in these cases is apt to be prolonged, tedious, and sometimes interrupted by infectious diseases, recurring attacks of bronchitis, gastroenteritis and general exhaustion. Although fortunately rare, complications of this kind have been known to take place in the train of operative nasopharyngeal hemorrhages, and their development must be guarded against by directly combating the cause, namely, the post-hemorrhagic anemia. This means the institution of proper measures for the regeneration of the blood by means of rest, nourishing food, internal medication, and last, but not least, an abundance of fresh cool air and sunshine.—Excerpt from Quinlan in Medical Record.

NEW YORK EPIDEMIC OF INFANTILE PARALYSIS.

NEW YORK, July 5.—The average of one death an hour was kept up today by the infantile paralysis epidemic, twelve children dying of the disease between 10 o'clock last night and 10 o'clock this morning in the five boroughs of New York city.

During a period of forty-eight hours there weer 178 cases reported, of which 102 occurred in the last twenty-four hours, in or near the seat of the epidemic in Brooklyn.

In one Brooklyn hospital today there were 225 children, victims of the disease, many of whom, it was said, had only a slight chance of recovery.

Atrophic spinal paralysis, acute anterior poliomyelitis, infantile poliomyelitis. "Everything leads us to believe this disease is the result of an infection," says Dieulafoy, in his great 2,000 page Text-Book of Medicine. "It has a febrile onset, general symptoms and appears in epidemics," says Marie, and further: The central artery of the anterior cornu is the part most frequently affected. "The cells are invaded **en bloc** and not picked up one by one, as in progressive muscular atrophy." When the foci are in the bulb or the brain, the affection ends in infantile cerebral hemiplegia, in idiocy or in epilepsy.

CHLOROFORM NECROSIS OF THE LIVER.

It has been known for some time that chloroform necrosis may be followed by pathologic changes in the liver, and by a series of symptoms which simulate acute yellow atrophy. It is known from the writings of Wells, Whipple, Graham and others, that these changes depend upon the fact that chloroform reduces the oxidation processes of the body. In connection with the work upon this subject it was reported first by Whipple that whereas adult experimental animals were susceptible to chloroform, and became the subjects of chloroform liver necrosis, young animals, i. e., ones within three weeks of age, were not susceptible. Graham has attempted to discover why there is this difference between adult and youug animals. He has been able to corroborate Whipple's observation of the relative insusceptibility of pups, and feels that he has evidence that this insusceptibility is due to the glycogen content of the livers of the animals. This evidence depends upon the fact that starvation or phlorhizination which depletes the glycogen, produces pups which show liver necrosis after chloroform; that increasing the glycogen content of the liver of adult animals renders them less susceptible to chloroform necrosis; and that in well-nourished pups the glycogen content of the liver may be as high as 9.07 per cent.

In another article Graham shows that chloroform necrosis depends upon the formation of hydrochloric acid from chloroform, but he is not able to account for the inhibitory effects of glycogen. And yet the experiments which he gives are convincing and lead to the very im-

Digitized by Google

portant therapeutic suggestion that the feeding of carbohydrates to adults lessens their susceptibility to liver necrosis by chloroform.—Jour. of Lab. and Clin. Med.

AUTO-SERUM IN SKIN DISEASES.

The conclusions drawn from an article in the New York Medical Journal June 24, on "The Value of Autoserum Injections in Skin Diseases" by William S. Gottheil follow:

1. In psoriasis the autoserum treatment while not in itself curative of the disease, is an important factor in the treatment. It cuts down the time required for the troublesome local treatment from weeks to days and enables us to promise to clear the skin in from two to five days in even the worst and most obstinate cases. It postpones relapses for a long time, possibly indefinitely. In most cases it so influences the type of the disease that the relapsing lesions are few and insignificant, and are readily amenable to mild local treatment.

2. In chronic urticaria, neurodermatitis, pruritus senilis, and other obstinate itchy dermatoses, it is worthy of trial. In some cases its action is effective and brilliant.

3. It is of some value in bad pustular acne; but in furunculosis, folliculitis, and other pus infections I have not found it useful.

4. In chronic eczema the same may be said as of acne; the injections are sometimes apparently effective, and at others fail entirely.

5. In pemphigus, lepra, and obstinate lichen planus it is ineffective.

6. In syphilis it is useless.

CONTRIBUTION TO THE COMBATING OF COLLAPSE IN THE EXSANGUINATED.

(Beitrag zur Bekampfung von Kollapsen bei Ausgebluteten.) Dr. Nowakowski (from a field hospital). Munchener Medizinische Wochenschrift.

Two things are emphasized in this paper, 1. The value of rectal infusion by the drop method as superior to subcutaneous and intravenous infusion, being less prone to cause cardiac insufficiency in wounded soldiers already debilitated by the hardships of long marches, hunger, thirst and cold and wet, and 2. The great value of oxygen inhalations at frequent intervals. The latter is especially valuable in combating the severe air-hunger and unconsciousness. It deepens the respirations, stimulates the respiratory center, not only supplies the gas to the red blood corpuscles but by prolonging the respiratory act permits the red cells to load themselves with the vital gas. The pulse gets fuller at the same time and the patients ask for the inhalations. While the other well recognized measures are to be employed to combat the collapse from exsanguination as camphor and caffein injections, warmth, elevation of the lunar extremities, stimulating fluids by mouth, etc., the greatest benefit comes from the inhalation of oxygen, which should always be at hand, and should be prolonged till the collapse phase has been overcome. Inhalation may be given at periods and may last between three and ten minutes. Should anesthesia be necessary for dressings or operative manipulations the oxygen becomes then a valuable adjunct.—American Journal Surgery.

THERAPY OF PHYSOSTIGMINE.

Probably every abdominal surgeon of considerable experience has had more than one unhappy encounter with intestinal atony following operative procedures. Especially might such an unfortunate sequel supervene if, in the surgical accomplishment of calculated measures, the breaking up of intestinal adhesions became necessary. Even handling the bowels sufficiently to gain needed leeway for important excisions is enough to produce prolonged enterostasis in some highly sensitive subjects. This condition of atony is one that becomes rapidly serious if relief is not soon obtained, since the remaining uninjured portion of the bowel may early develop reversed peristalsis with a quickly ensuing toxemia.

In the search for some agent that

Digitized by Google

might prevent, or possibly alleviate this dire trouble, much attention has been given to eserine, or physostigmine, the principal alkaloid of physostigma; and this drug has been found of much value in cases in which the reflex depression was not too profound.

Eserine acts on the musculature of the alimentary tract by irritating and stimulating the myoneural terminations, thereby tending to reestablish an inhibited persistalsis or to accentuate a present one. Its activity in this respect has been adequately demonstrated in the laboratory when a normal splanchnic mechanism was brought under the influence of the drug. In the hospital, however, results have not been so brilliant, chiefly perhaps because the effective mechanism had previously been thrown more or less out of physiological gear; or else, to change somewhat the metaphor, somewhere in the physiological circuit the lines were partially or completely blocked. In such a case muscular response to eserine action may be either too slow or else quite inadequate. At the same time the remarkably stimulating effect of physostigmine on the secretory glands, especially of the upper uninjured part of the bowel, produces an excessive exudation. This abundant secretion will be forced back towards the stomach by reversed peristalsis unless a downward path becomes established. The surgeon, in his aftertreatment, is thus placed between painful alternatives; but the logic of the situation probably justifies him in making a prayerful test.

The many other reactions to this drug make its use as a general developer of increased peristalsis rather undesirable. Eserine produces considerable depression of the spinal cord and medulla, a secondary slowing and weakening of respiration, an elevation of blood pressure, and a slowing of the heart from both centric and local action. There are also some as yet unexplained disturbances of the voluntary muscle system. These ulterior effects of eserine rather preclude its use except in undoubted cases where more serious symptoms would probably arise in its absence than the drug itself would produce. As in all therapeutics we have here carefully to estimate relative values, choosing finally that which, to the best of our knowledge and belief, will conduce most surely to the welfare of the patient. Life brings a continual making of decisions; in times of peace, those of the judge and physician are especially momentous in that they concern primarily the happiness of others. The use of eserine points its own moral in the domain of therapeutics.—Bush in New York Medical Journal for April.

THE CASE OF CHOREA COMPLICATING PREGNANCY.

Albrecht (Ztsch. f. Geburtsch. u. Gynak, 1915, lxxvi) describes the case of a primipara aged twenty-two years, who was taken with chorea at the beginning of the first pregnancy. Her condition became pronounced and she was treated by intragluteal injection of 20 c. c. normal pregnancy serum. In twenty-four hours the choreic movements had ceased and the patient was much better. She also gained somewhat in weight. He adds the case of a girl, aged sixteen years, in whom chorea appeared at the time when menstruation became established. From the study of these cases he believes that chorea is an intoxication in the pregnant patient with substances formed by the embryo, or in patients at puberty with substances produced by the glands which form the internal secretions.—Alienist and Neurologist.

THE PHENOL TREATMENT OF CARBUNCLES AND HEMORRHOIDS.

As a practitioner who has treated carbuncles with pure carbolic acid for twenty-seven years and hemorrhoids for twenty-two years, I feel justified in expressing an opinion based on a large clinical experience concerning the efficiency of this method of curing these two troublesome and at times dangerous conditions. As to the carbuncles when they have already ulcerated there is no need for further operative treatment. When the skin is intact a free crucial

Digitized by Google

incision should be made after a preliminary anesthesia. Through this incision or the ulcerated opening pure carbolic acid should be thoroughly applied, the raw and granulating surfaces having previously been dried. The pure phenol is held in solution by heat. Every part of the ulcer should be saturated. The skin overlying the swelling should also be painted, precautions being taken that the acid does not run over the healthy surfaces. This treatment is repeated daily for five or six days. The results are at times amazing. After five or six days there is found a healthy, healing granulating surface which goes on to rapid cicatrization, far more rapid than that which follows the use of the curette. As for dressing, a little vaselin placed on gauze and held in place by cotton-batting and a bandage is adequate.

The treatment as applied to hemorrhoids is exceedingly simple. The parts are cleansed and painted lightly with pure phenol, a 10-per cent cocaine or novocaine solution with adrenalin having previously been applied. After being painted the tissues are coated with vaselin, which is also spread over the surrounding skin. Cotton-batting is applied over the parts and held in place by a T-binder.—Robert W. Skipper, Lovelady, Texas. — Correspondence, Therapeutic Gazette for May.

A PRENATAL RESTAURANT THAT GUARANTEES HEALTHY BABIES.

This is the period of the year, when, above all others, an effort is made to save the babies. In this line Indianapolis has done good work. Anything concerning this subject is always interesting and generally profitable.

In November, 1915, Mabel Parker, of New York, contributed an article to the Indianapolis Medical Journal on the Nurse and the Milk Station. For those who are not familiar with it we suggest that reference be made to this copy of the journal and that it be read at this time. It will do no harm to reread it. This for those who have forgotten its fundamentals, Miss Parker is good authority and an earnest worker. She is chairman of the executive committee of the Babies Aid Milk Station Association of New York City. In New York there is a prenatal restaurant that seems to be an effort to guarantee healthy babies. It provides for five-cent meals, each carefully selected for its nourishment and as preventive of infant mortality. This method is one to be in operation at all times to save the babies. Not summer months only but no time is exempt. The New York Press calls attention to the work of Miss Parker, a part of which follows:

There is a frail little woman who does her work in two small rooms in a tenement, and she has a big, palpitating idea. It is "to save the babies," and to save them before their tiny fingers make their first tenacious clutch at the air of life.

And while she has been working quietly and prophetically for the last few months in her pre-natal restaurant, the story of her fight and the bigness of her idea have spread not only throughout the United States, but well into Canada, too. If all goes well, this little woman, with an idea that has a punch, will be at the head of a pre-natal diet and health association that henceforth will play a big part in the history of the nation.

It is, indeed, eugenics, that she preaches and practices. But not eugenics of the sublimated, transcendental order. It is eugenics that beats starvation and guards the expectant mother so that she herself may reap the full benefits of maternity and the babe at her breast may have a fighting chance to attain the fullness of living.

How Miss Parker Works.

This priestess of the unborn babe is Miss Mabel Parker. She is quiet in speech, quiet in the fashion of action and dynamic withal. She arranged a few bottles on the mantel of her pre-natal restaurant at No. 526 West 125th street, and then took into her arms the little black bit of humanity the negress mother offered her. Gently she placed it on the scales and weighed it. She looked up with a smile.

Digitized by Google

"Ten pounds, nine ounces," she announced. "That's quite a gain, isn't it? Now, if you'll just follow the directions I've given you, and be careful about the formula, we'll fix the baby up in great shape."

When the mother and child had departed Miss Parker looked at the index cards silently for a moment. "That is one of the most pathetic features of the work," she said abruptly. "To see children brought in here weighing three or four pounds, when they should weigh seven or eight. The whole trouble is that the mothers failed to feed themselves while they were awaiting the birth of the child.

"I have great sympathy for the mother with five children whose weekly income is $13. One of my women so situated never applies for charity. Her family often has little food, frequently is cold, yet courage pervades that home in sublimer degree than with some families I know in higher planes.

Infant Death Rate Appalling.

"I know a mother whose second child came when her income was 75 cents a week, and her diet was bread and coffee. The second baby weighed, at twenty-one days, three pounds, four ounces. I was sorry when I heard that it was born alive. With care and feeding for several months it began to gain. But how much better it would have been had that mother received proper food and encouragement, along with instructions before the child's birth.

"It is all very well for people to educate mothers on what to eat, but unfortunately the mothers can't eat the education. There is no use telling them what to eat when they have not the means to afford the food. The Children's Bureau at Washington recently declared that forty-two per cent. of the infants dying under one year in the registration districts covered by the Bureau of Mortality Statistics did not live to complete the first month of life. Of this 42 per cent. nearly seven-tenths died as a result of conditions existing before they were born. Isn't it time we stopped these needless deaths?

"But education doesn't sustain life. Care and food will. That is why we have provided here a noon meal for the mother-to-be for five cents. This meal is provided for six months or more before the baby is born. The food is carefully selected with consideration for values. and the menus vary. Infant mortality from preventable causes after birth has been reduced almost 50 per cent. by milk stations and various other social agencies, and I believe that there will be a still greater reduction when the mothers of the tenements have been properly nourished before the birth of their children.

Organization Being Formed.

"Some people say it will 'pauperize' the babies; that sometimes the father is at fault in not providing. Perhaps so. But does that matter? What we want to do is to save the babies, and they are worth it. The new organization, which is in process of being formed, will be called the Pre-Natal Diet and Health Association, and its slogan will be 'Save the child and you'll save the city,' while its symbol will be the 'Three Bs, or Better-Born Babies.' Our present aim, and it looks as if its purpose will be accomplished, is to obtain the co-operation of the Board of Education and be permitted to use their kitchen facilities wherever they exist. For there is no doubt that there should be a restaurant of this sort wherever there is the necessity for a school.

"In addition to this we hope to obtain some land in the country and send expectant mothers there for at least a month for rest and treatment. Of course this idea is entirely new in America, but it is not entirely unknown abroad. If Germany, France and Scotland have found the care of expectant mothers valuable to the nation, such care certainly is worth while to the people of the United States.

"In Germany, for instance, a mother needs no other credential than a nursing child to entitle her to the proper nourishment, provided at the government's expense. However, Germany far excels America in the executive side of social

Digitized by Google

service. Scotland possesses a society that feeds nursing mothers, and in France, in hospitals provided by the State, a woman may receive care for six weeks prior to the birth of her child, as well as from a fortnight to a month afterward.

Mothers are Sole Worry.

"But that is not sufficient. We want to take care of the mother-to-be as soon as we can get hold of her, and make her nourish herself properly, instead of trying to starve herself for her other children, whose needs she can see; for of the needs of her unborn babe she is ignorant and unappreciative because she can not visualize it. The reason for a country home in the mountains or at the seashore is to give struggling mothers of the poor a change of environment, which I deem one of the essentials of a well-born child. It not only bears directly upon the child, but fills the mother with new courage and new ideas, and her spirits will be infinitely lightened. She will spend several hours each day in the diet kitchen, and there she will learn not only what is the proper food and the way to prepare it for herself but also for the child after birth. But the vacations must be preceded and followed by right food at the restaurants at a nominal charge. Even when mothers are willing to follow the prescribed diet their duties are so numerous and their anxieties so great that it is not easy for them to continue their instructions with regularity."

Miss Parker interrupted herself here to attend to the needs of several women who entered the little room. Some had infants in their arms, some came with the light of an unborn soul in their eyes. To some she gave advice, to others she gave the five-cent meal that aims to prevent pauperization even while it saves. To others she suggested that the arrival of Dr. Benjamin Beck, the active physician, be awaited. But for each and every one of them she had that word that shows a sympathy and understanding that goes deeper than words; a sympathy and understanding that have made her one of the best loved figures of the upper west side and have earned for her the title of "The Good Angel of the Harlem Babies."

Has Had a Long Struggle.

There is nothing sentimental about Miss Parker. She's strictly a business woman who isn't interested in business. Yet even she herself took an impersonal interest in the niche she has achieved for herself in her long struggle.

"It is queer," she said reflectively. "I returned the other day from a trip into Vermont and other states which are interested in this work and either wish to inaugurate plans of their own or cooperate in helping me. I never thought I had been noticed here particularly, and yet when I came down the street almost everybody stopped me and had a kindly word of greeting and welcome. I don't know, but I think that's the sort of thing that shows what one—— But that has nothing to do with the question."

She stopped abruptly and reverted to her idea. "Don't you see," she continued, "that New York city is spending vast sums of money to provide for malformed children, feeble-minded children, the tubercular, the anemic, etc., and though you believe in the alleviation of suffering, haven't we been a little like the man who never mends a leaky roof and when it rains tries to make the best of a bad matter by covering the furniture? We have always been patching up more or less, temporarily. Why not provide for better babies, healthier babies, by providing for their mothers? Isn't it foolish to neglect the mothers and then spend extra money to care for the children who have, in many cases, become public charges just because they came into the world with feeble bodies? I don't believe we half realize yet the close relationship between money, malnutrition and crime.

Money to be Forthcoming.

"Of course, to accomplish all we would like to requires quite a bit of money, but I understand it won't be very difficult to raise it, and we have several people who have been active workers and are intensely interested. Just what the

Digitized by Google

scope of the work will be in a definite way I can not say for some time yet."

Among those interested none is more so than Mrs. Robert H. Sayre. Of the others, there are Professor Thomas Wood of Columbia University, Professors C. E. A. Winslow and Howard Woolston of the City College, Dr. Mary Halton and Ida Ainquist. But, without question, the interesting personality is Miss Parker, who will not talk about herself. And there is a good deal she might say.

For example: She is the grandniece of an earl, and her family, is of the English aristocracy. Her father, James Boyd Parker, was born in England and educated at Trinity College, and later bore away some of the honors of the Crimean war. Coming to America, he sought more adventures in the Civil war and finally married and settled down in New York city, where his daughter Mabel was born.

From her earliest childhood she had original and steadfast ideas about what one human being owed to the rest of humanity, and at the age of 20, in spite of all opposition, she determined to become a nurse.

This shows the wonderful work a nurse can do in the cause of humanity. The work is a boom to the future generation. S. E. EARP.

EVEN MODERATE DRINKING SHORTENS LIFE.

Drinking of alcohol, even moderately, shortens life considerably, Arthur Hunter, an actuary of the New York Life Insurance Company, told the conference of Charities and Correction in Indianapolis.

He first called to attention the fact that the public views with suspicion statastics prepared by either the liquor interests or the Prohibitionists, knowing both sides are biased. But the statistics of the life insurance companies, he said, are prepared without bias, as their whole object is to determine the facts for use in business.

He gave the experience of seven American companies and one Canadian company, regarding abstainers and non-abstainers from which it appears that the mortality has been from 10 per cent. to 30 per cent. lower among the former than among the latter. He also showed from the experience of two large insurance companies that the mortality among abstainers was distinctly lower than among those called "temperate" and very much lower than among "moderate users."

He then dealt with persons who used alcohol each day, but not to excess, and showed that the mortality among these who at the date of application for insurance took two glasses of whisky a day, but did not drink to excess, was 80 per cent. in excess of the normal. He also said that there was an extra mortality of 40 per cent. among the policy holders who drank to excess at least five years prior to date of application for insurance, but had been very temperate for five years before acceptance for insurance.

With regard to the policy-holders who had taken a cure for alcoholism, he showed that the extra mortality among those who had been total abstainers for at least five years following the cure had been 35 per cent., while among those who had been temperate for that period the extra mortality was about 70 per cent.

The above conclusions were stated before the May, 1916, meeting of the National Association of Charities and Correction in Indianapolis. There is no reason to doubt their validity. Drinking alcoholic liquors leads to the gayety of life but is not supported by physiology or insurance.

A. W. B.

FOR PEDICULOSIS.

Guido Izar (Riforma Medica, March 16, 1916) recommends the use of a saturated solution of ammonia gas in benzine with the addition of five per cent. of napthalene. In this mixture the ammonia destroys the nits, the benzine acts mainly on the pediculi themselves, while the naphthalene prevents reinfection for at least a time. It is the most penetrating agent yet found for ridding clothes of this pest.—N. Y. Med. Journal.

Digitized by Google

ADDRESS OF WELCOME TO THE AMERICAN MEDICAL ASSOCIATION AT THE 67TH ANNUAL SESSION HELD IN DETROIT JUNE 13-16, 1916, BY THE HON. WOODBRIDGE FERRIS, GOVERNOR OF MICHIGAN.

We hope all our readers will enjoy, as the writer has enjoyed, this notable address by Governor Ferris, who himself, had taken courses of medical lectures in the University of Michigan. The Journal is indebted to the Medical Record of June 17, for the excellent abstract presented here:

He said, in part, that he would not consume much time in telling the audience about the great State of Michigan or the beautiful city of Detroit, but would simply bid them welcome this morning. Long years ago he had had a dream that he wanted to be a physician, but his father had discouraged him. Four years later, however, he entered the medical department of the University of Michigan and pursued a course of lectures. At this time it did not require much preparation to enter the medical school; there were only two classes, freshmen and seniors. Some of the freshmen went out and taught school or followed other remunerative pursuits, and then came back and got a senior note book and soon went out as full-fledged physicians and surgeons. They were required to know but little, and little was expected of them. He had concluded before taking that course that it would be of value to him, and he had since found that it was invaluable, and if he had his way he would have educational authorities require such a foundation as a part of any educational scheme, because without a knowledge of how to preserve health education availed little. When he compared the requirements of the University of Michigan in those days and thought of the changes that had been wrought in and of the great university as it was today, he marveled; this was but indicative of the progress of the medical profession, the greatest profession in the world. He said that he supposed that some of the great physicians and surgeons who were with them today had pursued the same limited medical course, but they had gone on learning. He then proceeded to relate some of the achievements of medicine during the last seventy-five years. At that time some of the greatest gifts which medicine had given to the world were still unknown. When one recalled the work of Darwin, Huxley, Spencer, Haeckel, Gray, Dana, Yoemans and others who had created a new era in scientific research, it would be recognized that it was modern science that had given to medicine the high place it now occupied. A few things that they all knew were worth while recalling. A new Prometheus had appeared in the amphitheater of a Boston hospital when anesthesia was given to the world. Prior to that time the world was a literal hell, in the description of which even a Jonathan Edwards could not have done justice. More widespread was the relief of disease through the growth of sanitary science and the knowledge of asepsis. They had been enabled to abolish smallpox and typhus fever, and typhoid fever was now driven to the last ditch. Cholera could now be controlled, and coming closer to our own time was the work done on the Isthmus of Panama. For four centuries the Isthmus of Panama had been the white man's grave. It was said that before Dr. Gorgas went there the mortality was 170 per 1,000 population. The health reports from the Canal Zone were the most interesting sanitary reading of the present day. They showed on an average a mortality rate of 8.91 per 1,000 population, a lower percentage than any city in the United States. After referring to the sanitary control of yellow fever as one of the finest achievements of modern science, Governor Ferris said he would like to tell what they were doing in Michigan along the lines of preventive medicine, and he hoped that before they left Detroit they would get some definite idea of their work. It was important to care for and to cure the sick, but it was quite as important to awaken people to what God had offered in the way of healthy living. As Governor of Michigan he had placed special emphasis on matters relating to health

Digitized by Google

and sanitation. He stated that he belonged to that class of men who believed in preparedness, but he believed that there were other factors of preparedness just as important as carrying a gun. He did not disapprove of carrying the gun, but he did not want it used unless it was necessary, but what he did want was something under the gun; he wanted a high standard of citizenship. He did not believe in any of the "pathies," and scientific medicine had little to fear from them. Science would prevail in education, in medicine, in religion, and even, perhaps after a long time, in politics. Much had been done to eradicate the white plague, and he hoped that physicians might soon be able to eradicate the black plague, not by the attempt to cure it but by education so that there would be no occasion for treatment. In closing he said that aside from the more practical work of practising medicine, the men of the medical profession should get in touch with the people, many of whom still lived in ignorance and superstition, and should endeavor to shed the light of their knowledge not only throughout their own country but throughout the world.

A. W. B.

FAST TIME.

Traveler—Please give some of the notable fast runs of railroad passenger trains for long distances.—Here are a few: Lake Shore & Michigan Southern in 1905: Buffalo, to Chicago, 525 miles, in seven hours and fifty minutes; in 1905, the Pennsylvania, Chicago to Pittsburg, 468 miles, in seven hours and twenty minutes; in 1909, New York Central, New York to Chicago, 965 miles, in fifteen hours and forty-three minutes; in 1911, the Pennsylvania, Altoona to Philadelphia, 235 miles, in three hours and twenty-nine minutes; in 1905, the Pennsylvania, Washington, O., to Ft. Wayne, 81 miles in sixty-four minutes. The fastest time on record for a distance of over 440 miles was made by the Lake Shore & Michigan Southern railroad, from Buffalo to Chicago, in June, 1905, noted above. The fastest long distance run less than 440 miles was on the New York Central railroad, September 11, 1895, from New York to Buffalo, 436½ miles, in 407 minutes actual time. Average speed, 64 1/3 miles an hour, with two stops and twenty-eight slowups, and on January 1, 1903, from Albany to Buffalo, 302 miles, in 295 minutes.

Indianapolis News, Q. and A.

(Barney Oldfield, 111 miles in an hour; Resta, 6/26/15; 500 miles in 5/27/7.)—

IN INCONTINENCE OF URINE IN OLD MEN.

Strychninae sulphatis.....gr. i
Tinct. Belladonnae.....drams x
Hexamethylenaminae .....drams iv
Elix gentinae.....oz. i

Syr. hypophos. comp. q. s. ad ounces viii M. Sig. One dram in a glass of water three times daily.—Walsh in American Medicine.

ACIDOSIS.

Acidosis is the newest pathologic devil. This can be admitted readily enough as regards diabetes; but Boston has rung it in as the fiend of the "grippe epidemic." Glycosuria and ketonuria go with increase in flesh. Therefore, keep of spare build and acidosis will not get you. Next thing we will hear about is acidosis in tuberculosis and the necessity to avoid forced feeding.—Medical Council.

CHICORY AS A NUTRIENT FOR DIABETICS.

According to C. Graefe, of the plant-physiologic institute at Vienna (Bioch, Zeit., 68, 1915), the dried root of chicoria intybus—the ordinary chicory—contains inulin ranging in amount between 45 and 65 per cent. Consequently, the author conjectures that this root may not impossibly some time become important as an article of food for diabetic patients. (Hager's "Praxis" states that the cultivated root does not contain inulin.—Abstr.)—Medical Standard.

Digitized by Google

MEDICAL MISCELLANY

EXAMINING THE BABIES OF INDIANA—THE WORK IN INDIANAPOLIS AND OUTSIDE; ACTION OF HAMILTON COUNTY SOCIETY.

At the meeting of the pure milk stations committee of the Children's Aid Association of Indianapolis, held on June 15, it was decided that under the direction of trained workers and an executive committee of three the association would begin prenatal nursing in Indianapolis. In some respects the city and state have kept abreast of the times in protecting the health of the citizens, but until recently the health of babies has been overlooked. The decision of the Children's Aid Association to make another step toward reducing the infant mortality rate in Indianapolis is indicative of at least an effort to keep up with the procession.

In a recent number of the Journal of the American Medical Association there was a review of figures compiled by the New York milk committee on the infant mortality rate in American cities. Questions regarding infant mortality and the steps which were being taken to reduce it were sent to the health officers of 252 cities. Of these 108 either could not furnish figures or were unable to furnish any which could be called official. Persons interested in the reduction of infant mortality have set a maximum rate of fifty per 1,000 as the "square deal" rate. That is, by the establishment of free clinics, prenatal nursing and pure milk stations, any city can reduce the number of deaths among babies during their first year to fifty for every 1,000 births. Four of the 144 cities furnishing accurate figures had a rate of less than fifty—La Crosse, Wis.; Ogden, Utah; Omaha, Neb., and East Orange, N. J.

The cities were divided into two classes, those with a population under 200,000 and those with a population over 200,000. In the first class Passaic, N. J., was the worst with an infant mortality rate of 193.5 and Montgomery, Ala., came second with a rate of 185.1. In the second class, Jersey City, N. J., was the worst with a rate of 132.9, and Indianapolis was a close second with 131.6. According to the "square deal" rate of fifty, 3,500 of the infant deaths in the borough of Manhattan, New York, last year, could have been prevented. And, as the Journal of the American Medical Association observes, "if only six babies in the borough of Manhattan were to be killed or even threatened with death by a bomb from an aeroplane, the country would be aflame with indignation." Likewise, in Indianapolis, if one baby is crushed by a truck there is much indignation. But with three times as many dying as should die an association which seeks to remedy the condition finds itself unable to command the support it deserves. The pure milk ordinance is a notable instance of what can be done by determined action, but it is only the beginning.

The above abstracted from the Association Journal by the Indianapolis News sets forth conditions in Indianapolis to which all our local physicians have contributed and notably our teachers of pediatrics, including J. H. Taylor, W. D. Hoskins, O. N. Torian, E. B. Mumford, A. C. Weaver and others.

The obstetricians and general practitioners have not neglected their duties of home instruction in saving child life. The writer attended the Sheridan summer meeting of Hamilton county and heard an excellent and practical paper by Dr. Mumford, which was discussed thoroughly by half a score of those present. Dr. Mumford's quick answers and apt illustrations in the informal talk were appreciated, and both he and the writer were urged to come again.

Before the set program began the writer of this note was asked to fill up the hiatus while the secretary went for his microscope in order to demonstrate the fat globules. He responded by reading his commemoration of "The Happy

Digitized by Google

Warriors of Medicine," applicable to all members of our state society who have passed away in the year of society work just closed. This appreciation may be read in full in the June number of the Indianapolis Medical Journal, page 242, minus a slight revision.

A. W. B.

PRESENTATION COPIES OF PHARMACOPOEIAS FOR LIBRARIES.

The board of trustees of the United States Pharmacopoeial Convention places at the disposal of libraries the reserve copies of the United States Pharmacopoeia, Seventh Revision (1890), and those copies of the United States Pharmacopoeia IX (1900), having a four page supplement which was incorporated in the text of later prints. Requests should be sent to the secretary of the board, H. M. Whelpley, 2342 Albion Place, St. Louis, Mo., and will be filled in the order of receipt. Fifty cents per copy should accompany the request, to cover expense of packing and transportation.

THREE HUNDRED AND TEN RECEIVE DIPLOMAS AT INDIANA UNIVERSITY, OF WHICH THIRTY-FOUR ARE FROM THE MEDICAL DEPARTMENT.

The Indiana University commencement exercises were held June 14, and 310 graduates received degrees. The medical school at Indianapolis graduated thirty-four.

The commencement address was made by Dr. Albert Shaw, editor of the Review of Reviews. The following students were graduated with honors:

With high distinction: Mrs. Bonnie M. Bentley, New Albany; Florence Lyon, Delphi; George J. Shively, South Bend; Mary F. Stacy, Rochester; Ernest Stewart, Dupont; Ruth B. Weatherly, Bloomington.

With distinction: Dorothy S. Bell, Bloomington; Phoebe D. Hoffman, Bloomington; Elsie King, Union City; Will F. Maurer, Mt. Vernon; Daniel B. Mebane, Bloomington; Mary J. Rieman, Connersville; Harry P. Schultz, Attica; Orla R. Spitler, Salamonia; Hilda Springer, Bloomington; Carl W. Strow, Auburn; Hiner J. Thompson, Bloomington.

Following is a list of the medical graduates:

Jake Ader, Danville; William E. Arbuckle, Lexington; Leo Awotin, Indianapolis; Royal H. Bendelier, New Haven; William E. Barnes, Evansville; Robert E. Conway, Goodland; Kenneth L. Craft, Indianapolis; William A. Doeppers, Indianapolis; Scott R. Edwards, Greenfield; Floyd I. Eicher, Wakarusa; Haynes J. Freeland, Indianapolis; Earl H. Hare, Sheridan; John H. Hare, Sheridan; Benjamin F. Hatfield, Union; William C. Heilman, Hope; Edgar R. Hiatt, Dunkirk; Clarence P. Hinchman, Connersville; Lester D. Huffman, Fairland; Raymond Johnson, Bridgeport; Eli S. Jones, Fairmount; George B. Kent, Mulberry; Edwin M. Kline, Indianapolis; Theodore F. Kollmer, Kokomo; Chester A. Marsh, Indianapolis; Arthur J. Micheli, Clinton; Byron J. Peters, Greentown; Bernard D. Ravdin, Evansville; Archie F. Schultz, Bloomington; George M. Shewalter, Indianapolis; Herman W. Smelser, Falmouth; Melvin S. Teters, Middlebury; George D. Thompson, Sharpsville; Morton D. Wilcutts, Greentown; William Wise, Hartford City.

Candidates for Degree M. D. cum Laude—Mollie King, Union City; Arlie J. Ullrich, Aurora.

These graduates made one of the best classes that has finished the work of the medical department of the university. Those who attempted the competitive examination for hospital appointments were successful and the grades were very high. In addition to the places at the Indianapolis hospitals there were open others at Terre Haute, Lafayette and Fort Wayne.

The opportunity for clinical instruction is unusually large. The Bobbs and City Free Dispensary is maintained by the school of medicine and the city of Indianapolis. About 45,000 patients are cared for each year. The students do the actual work under the guidance of competent teachers of wide experience. This is true of all branches of medicine and surgery. Bedide clinics are held at the city hospital. There were about 3,600

Digitized by Google

patients in the several wards during the year. Clinics are held in psychiatry at the Central Indiana Hospital for the Insane. This hospital has an average of 2,000 patients. The Long Hospital is a part of the medical school, and its staff are the members of the faculty. This hospital has 108 beds. But few medical institutions offer so great an advantage to the student of medicine for practical work during the course.

S. E. E.

LIABILITY CONTRACTS NOT LEGAL WITH INSENSIBLE PATIENTS.

The state industrial commission has held that where an interurban company gives money to an injured person while he is insensible the liability of the employer is not satisfied. Thomas M. Blandford, 3405 College avenue, was awarded $370 expenses and compensation of $13.20 a week for the entire time of his disability up to 500 weeks, with a provision that he shall not receive more than $5,000. Blandford was injured while employed by the James R. Ross Company of this city, October 28, 1915, when an automobile in which he was riding was struck by an interurban car. The interurban company paid his expenses while he was insensible, and the companies then contended he was not entitled to compensation, but the board ruled differently."

The above note from the Indianapolis Daily Times of June 29th is worthy of notice. The wonder is that any attorney or company would attempt so manifest an injustice.

A SIMPLIFIED METHOD OF ADMINISTERING SALVARSAN.

Frank A. Brayton, M. D., Indianapolis, Senior Assistant in the Department of Skin and Syphilis, Bobbs and City Dispensary.

For eighteen months I have been administering salvarsan intravenously by the means of a 30 c.c. syringe. The manufacturers of this product have always advised that larger amounts of water be used (250 c.c. for 0.5 gm.). I have no hesitancy in giving 0.6 gm. in 30 c.c. of water. The results obtained have been so consistently successful that I think a description of the method employed not amiss.

In the directions for giving neosalvarsan it is advised that the drug (0.9 gm.) be given in 150 c.c. of water. In connection with my associates in the Bobbs and City Dispensary, I have given 3,000 injections of neosalvarsan (0.9 gm.) in 10 c.c. of water, using an ordinary glass syringe. The number of reactions was much less in this series of cases than when the gravity method was used, and the solution was made up to 150 c.c., owing to the fact that the so-called "water-faults" were eliminated. I am confident that the same holds true for salvarsan.

The apparatus necessary for preparing the solution and administering the injection is very simple, as shown by the illustration:

1. One 30 c.c. Luer syringe with needle.
2. One glass-stoppered 60 c. c. shaking bottle.
3. One bottle of 15 per cent. sodium hydroxid with medicine dropper.
4. One 50 c.c. funnel.

Technic.

The apparatus is sterilized by boiling in freshly distilled water in an 8-inch aluminum pan. The shaking bottle containing approximately 30 c.c. of boiling water is removed from the pan, and the salvarsan is added. It is then shaken until a clear solution is obtained. Glass beads in the shaking bottle facilitate the preparation of the solution. Fifteen per cent. sodium hydroxid is added until the precipitate which at first forms is dissolved. The solution is then filtered through a pledget of sterile cotton in the funnel directly into the barrel of the syringe. The plunger of the syringe is inserted and the needle attached. The air is expressed from the syringe, and the solution is then ready for injection. The procedure is the same as for any intravenous injection in which a syringe is used.

I have given 604 injections of salvarsan using this method. In seventeen instances slight reactions were observed.

Digitized by Google

Moderate reactions were also observed in seventeen instances. In 570 injections no reactions were observed.

Advantages.

The chief advantages of this method are:

1. Time and labor are saved. The apparatus can be sterilized, the solution prepared, and the injection given in seven or eight minutes. This is especially desirable in dispensary practice, where the time is limited and several injections must be given. There is no complicated and cumbersome apparatus to be sterilized. The solution may be administered in thirty or forty seconds with the syringe, whereas with the gravity apparatus it often takes from twelve to fifteen minutes for the solution to run through the needle, which must of necessity be of small caliber in some cases.

2. The method is less dangerous than the gravity method. In the latter an untrained and inexperienced operator is not always certain that he has entered a vein, nor does he know when the needle has slipped from or pierced through the vein during the procedure. When using the syringe, if he is at any time in doubt, he may readily assure himself that the injection is moving properly by pulling back the piston and noticing the return of blood into the glass tip of the barrel of the syringe. Further, there is no danger of air entering the vein.

3. The number of salvarsan reactions is less than when larger amounts of water are used. The greater the dilution, the greater will be the number and severity of reactions due to the so-called "water-faults." In 30 c.c., "water-faults" are practically eliminated.

4. By using this technic, the giving of salvarsan becomes a one-man operation. —Excerpt from J. A. M. A., June 17, 1916.

ANDROCLES AND THE LION.

Bernard Shaw has published the prefaces to his plays under the above title,—perhaps as remarkable a literary task as Professor Jowett's introduction to his masterly translation of Plato's Dialogues. When he asks the question: "Why not give christianity a trial?" the trend of his criticism is as follows, as noted by a recent reviewer:

"The postutate on which rests the discussion is that no attempt has been made by responsible sane statesmen to use Christ's doctrines as a basis for political institutions; and that only now, after wandering ever farther from the actual principles which he preached, are men—through practical experience and with a view to facing the facts of existence—coming to realize that Christ, according to those passages of the Gospels from which enternal and critical evidence seems to convey the most trustworthy accounts of Christ's life and words, taught a sublime socialism."

Mr. Shaw's application of his study to the actual conditions of international politics is interesting. He shows how the small French republic and "the tight little Island of Britain" have been transformed into empires which overflow the frontiers of all the churches. In India there are less than 4,000,000 Christians out of a population of 316,500,000! The question is, when you call King George the defender of the faith—what faith is now "the" faith?

We islanders are only 45,000,000, and if we count ourselves all as Christians there are still 77,250,000 Mohammedans in the empire. Add to these the Hindoos and Buddists, Sikhs and Jains, whom I was taught in my childhood by ways of religious instruction to regard as gross idolaters consigned to eternal perdition, but whose faith I can now be punished for disparaging by a provocative word, and you have a total of more than 342,250,000 heretics to swamp over 45,000,000 Britons, of whom, by the way, only 6,000 call themselves distinctively "Disciples of Christ," the rest being of denominations whose discipleship is less clearly affirmed.

The French are not in our hopeless Christian minority of 11 per cent.; but they are in a minority of 35 per cent., which is fairly conclusive. And, being a more logical people than we, they have declared that the French State has no specific religion.

Digitized by Google

SONNET TO KITCHENER WRITTEN BY BRITISH POET LAUREATE.

LONDON, June 13.—The Times today prints a sonnet to Earl Kitchener, written by Dr. Robert Bridges, the British poet laureate. The sonnet follows:

Unflinching hero, watchful to forsee
And face thy country's peril wheresoe'er.
Directing war and peace with equal care
Till, by long toil ennobled, thou wert he
Whom England called, and bade set thy arm free
To obey my will and save my honor fair
What day the foe presumed on her despair.
And she herself had trust in none but thee.
Among herculean deeds the miracle
That mass'd the labor of ten years in one
Shall be thy monument. Thy work is done
Ere we could thank thee, and the high sea swell
Surgeth unheeding where thy proud ship fell.
By the lone Orkneys ere the set of sun.

It is not within our province to describe the work of the united allies early in July. Was it the last word in scientific warfare? There have been whisperings for months that something was going to happen unheard of in warfare. The world was on the qui vive, and the unexpected has happened. What of the future—the ultimate result—just now, no one with assurance can predict, but evidently the plans were those formulated by Kitchener.

S. E. E.

DR. ELIZABETH CORBETT DEAD—WAS SISTER OF DR. WILEY AND ONE OF COUNTRY'S FIRST THREE WOMAN PHYSICIANS.

Dr. Elizabeth Wiley Corbett, sister of Dr. Harvey W. Wiley, died at the Tacoma Sanitarium recently, in the eighty-third year of her age.

She was born on a backwoods farm near the village of Kent, Jefferson county, Ind., July 12, 1833. At an early age she began teaching school at Madison, Ind. She went to Antioch College, Ohio, then under the presidency of Horace Mann. Leaving Antioch College, she went to New York to study instruction open to her in a hydro-therapeutic institute. She decided to engage in her professional career in San Francisco. She crossed the Isthmus of Panama, with slow boats on each side, in 1858, long before the opening of a transcontinental railway. She pursued her professional career with marked success for twenty years.

She then went to Europe in the spring of 1878, studying in the hospitals of Paris and Vienna. Returning, she entered the medical department of the University of Michigan, and received the degree of doctor of medicine in the spring of 1879. Returning to San Francisco, she resumed the practice of medicine until the great earthquake of 1906. After that date she went to live with her son, Harvey Wiley Corbett, in New York City.

It fell to Dr. Corbett's lot to take charge of baby Harvey Wiley at his birth, by reason of the illness of his mother. She was very proud of this chapter in her history.

Dr. Corbett began her professional career when the woman physician was practically unknown. The two associated woman physicians of her time were Emily and Elizabeth Blackwell, sisters of Henry B. Blackwell, the husband of Lucy Stone.

NEWS ITEMS.

The Public Health Nursing Association received much publicity through its exhibit at the State House last month, and as a result calls for the services of the nurses are coming in in such numbers that the superintendent has been obliged to refuse them for lack of nurses.

During May, 1,263 visits were made, an increase of 50 per cent. over the visits of May, 1915. One hundred and fifteen patients were Americans, four Germans, two Irish and one Austrian, showing

Digitized by Google

that the organization has been unable to serve the large foreign population, which is in need of instruction and preventive work. There has been no epidemic. These 1,263 visits represent a general growth in the work.

Miss Magdalena Bolanz, stenographer to Mayor Joseph E. Bell, was married to Dr. G. A. Mottier the latter part of June. Mrs. Mottier is the daughter of Mr. and Mrs. Frederick Bolanz, of Huntington, Ind. Dr. Mottier came to Indianapolis from Patriot, Ind., and has been practicing here the last eight years.

Mr. and Mrs. Robert H. Tyndall announce the marriage of their sister, Mrs. Gertrude Tyndall Moore, and Dr. Thomas Eldred Stucky, which took place at their home, the Rev. Frederick E. Taylor officiating. The at-home announcement is for 2019 North Illinois street after September 1.

Miss Iva Markle, age twenty-five, of Indianapolis, a trained nurse, was killed, and Perry Stemble, age fifty-five, cashier of the Bank of Benton County, at Fowler, Ind., was severely injured near Waynetown June 23, when the automobile driven by Miss Markle was run down by fast train No. 99 on the Big Four railroad near the railway station. Miss Markle's neck was broken. Stemble was thrown from the car and received severe cuts about the head from broken glass from the windshield. He was taken to Culver Union Hospital in Crawfordsville. Miss Iva Markle's home was in York, Neb., and she came to Indianapolis to enter the nurses' training school of the Deaconess Hospital about seven years ago. She was graduated from the training school in 1911, taking up her duties as a trained nurse immediately afterwards.

Dr. J. P. Simonds, recently superintendent of hygiene laboratory of the Indiana State Board of Health, is now on the staff of the Rockefeller Institute for Medical Research. His first work will be to study wound infection in France. He has been assigned to the hospital at Compiegne, of which hospital Doctor Alexis Carrel is superintendent.

Dr. Edward J. DuBois, city bacteriologist, recently received a letter from his son, Rene DuBois, twenty-three years old, who is serving with the French army at Vanquois, which is less than seven miles from Verdun, saying that young DuBois has been promoted with honor to the rank of sergeant bombardier. He also has been decorated with the croix de guerre by the government for bravery in action.

Dr. J. R. Eastman sailed for Austria on June 17th, where he will spend the next six months in charge of the Austrian units sent out by the American Physicians' Expeditionary Society. His headquarters will be at Vienna. He was accompanied by Mrs. Eastman and Joseph R. Eastman, Jr. Dr. Eastman's hospital will be conducted in his absense by his brother, Dr. Thomas B. Eastman.

Dr. Eastman is professor of surgery in the Indiana University School of Medicine, and is a member of the staff of the local hospitals. He has been given credit for much research work and is prominent in his profession.

We are indebted to our friend M. J. Tracy for information relative to St. John's Hospital, Cleveland. The formal opening and reception was June 21st. Nearly 15,000 persons were shown through the building. It is located on Detroit avenue, N. W., and W. 80th street.

The hospital is a four-story brick building, made as fire-proof as modern knowledge can make it. It can accommodate 210 patients, with sun porch for all.

Two operating rooms with a clinic room are on the fourth floor, with wards and private suites on the other floors.

Walnut is used throughout for the finish. The floors are of concrete, with the walls decorated in cream tints.

Each patient will have a light at the

Digitized by Google

head of his bed to be lighted by pressing a knob kept under the pillow.

The sterilizing plant is said to be one of the most modern in the state. The plumbing is carried up two shafts in the center of the building, instead of through the walls, with a ventilating plant on the roof. Two valves control the flushing, making it possible to evacuate completely all drains.

An altar of carved circassian walnut is in the chapel on the fourth floor.

The nursing staff will consist of forty nurses and twenty sisters of the Order of St. Augustine, with Sister Cornelia, sister superior, as superintendent.

Dr. J. V. Gallagher is chief of staff of physicians.

Memorial services for the late Dr. Frank Foster, who was killed at New Carlisle June 4, were held at the Methodist church. Representatives from the St. Joseph County Medical Society, Dr. Foster's Sunday school class, Modern Woodmen, Masons and New Carlisle Literary Society attended the services in a body. Rev. A. G. Schafer, pastor of the church, conducted the services.

After graduating in medicine, Dr. Foster located at Warsaw, Ind., where he practiced for two years. In 1909 he moved to New Castle, Ind., from which time until his death he practiced medicine and surgery, being considered one of the leading doctors in the St. Joseph Medical Association of which he was a member.

Dr. Alfred Henry wishes to announce the removal of his office to 719-720 Hume-Mansur building. After September 1st, practice limited to the diagnosis and treatment of tuberculosis and diseases peculiar to the chest.

Dr. Henry is a teacher in the University School of Medicine and at the head of the tuberculosis clinic. He is an ex-secretary of the Indianapolis Medical Society, and is now president of the Anti-Tuberculosis Society.

William F. Clevenger, M. D., wishes to announce the removal of his offices to 403-404 Hume-Mansur building, Indianapolis. Diseases and surgery of ear, nose and throat.

Dr. Clevenger has frequently contributed valuable papers to this Journal, notably one after he had attended clinics abroad, and his report of one of the European medical meeting.

Dr. Thomas J. Beasley will limit his practice to the treatment of tuberculosis. Dr. Beasley for some years was at the Rockwood Sanitarium for the treatment of tuberculosis, and has taken special courses in this line of work. He has published his findings frequently in this Journal.

Dr. Amos W. Patterson died June 26th at his residence, 717 N. Alabama street. Dr. Patterson was one of the oldest physicians of Indianapolis, and for many years had an office at 349 Massachusetts avenue. He graduated from the Medical College of Ohio in 1866.

The board of trustees of Indiana University, in session June 13th, approved the recommendation of the faculty that military training be established in the university. The first year of the work will be compulsory.

Dr. Samuel E. Smith, superintendent of the Eastern Hospital for the Insane, has been elected by the alumni of Indiana University a member of the board of trustees. The Journal is in receipt of a sixteen-page pamphlet reprinted from the American Journal of Insanity of February, 1915, devoted to the "Relation of Phychiatry to the State." It was read at the seventy-first session of the American Medico-Phychological Association, Old Point Comfort, May 14, 1915.

Dr. Tom A. Williams, of Washington, D. C., was a visitor in Indianapolis the latter part of June. It was our privilege to meet him. He was on his return from the meeting of the A. M. A. and several cities in Wisconsin and Illinois where he had addressed medical societies. Dr. Williams was entertained by

Digitized by Google

the local medical society about a year ago, at which time he read an interesting paper. His articles in the medical press relative to diseases of the nervous system have been of a high character. Dr. Williams will contribute to the Indianapolis Medical Journal.

With the July issue The New Orleans Medical and Surgical Journal begins the sixty-ninth volume of the publication. At the same time it marks a period of change in the method of presentation of material to its readers. Not only will the same official relation to the Orleans Parish Medical Society be continued, but an added function will be served by the incorporation of the American Journal of Tropical Diseases and Preventive Medicine, which has become a part of the New Orleans Medical and Surgical Journal.

The close relation in the administration of the two Journals has made this arrangement possible and the American Society of Tropical Medicine has seen the way to continue its official relation to the new combination.

The Journal of Tropical Diseases has served the useful purpose of presenting the necessity for a closer study of the diseases its title has covered, and it will go in with the older publication adding the material spirit and aid which the work of the Society of Tropical Medicine and its members will bring to the Journal, which already for nearly three-quarters of a century has been the largest exponent of tropical medicine in the United States.

VIENNA, July 5.—The American hospital unit, consisting of four surgeons and four nurses from the American Physicians' Relief Association, has been assigned to Pardowitz, Bohemia, where one of the largest and most up-to-date hospitals in the empire is situated. The institution is equipped to take charge of 10,000 patients and the Americans will have charge of about one-fifth of this number. The unit consists of Drs. Paul F. Martin, of Indianapolis; W. C. Moore, of Summitville, Ind., and Corby and Mincke, Chicago; nurses Seger, Burke and Teneycke, Chicago, and one other nurse who is on her way here.

Dr. Charles Wesley Shill, 65 years old, for thirty-five years a leading physician of Tippecanoe county, died at Lafayette, July 8, of paralysis. He suffered the first stroke May 30. He served two terms as coroner of Tippecanoe county and also served as county health officer for several years. Dr. Shill attended the academy at Brookston and practiced medicine at Battle Ground. He was graduated from the Louisville Medical College in 1876. He had been active in Republican politics for thirty years. He leaves a widow.

Dr. W. W. Vinnedge, of Lafayette, who has been sick several weeks, is convalescent.

Dr. B. J. Peters has taken service at the Methodist hospital.

The father of Dr. J. J. Booz died in Marshall, Ill., early in July. For many years he was a business man in Indianapolis.

Drs. Foxworthy, Keene and Allen have gone to the Mexican border as medical officers.

It is a pleasure to note that our fellow Shriner, Dr. H. S. Baketel, editor of the Medical Times of New York, has been elected professor of Preventive Medicine and Hygiene in the Long Island College Hospital, of Brooklyn, in which institution he has served for several years as an instructor in genito-urinary surgery and latterly also as lecturer in hygiene.

The college, which recently graduated seventy-eight men as doctors of medicine, has added materially to its teaching facilities, and now, with its $2,000,000 plant, including a 500-bed hospital, offers opportunities for medical education which can not be excelled in New York.

Quite a few years ago Dr. Baketel

Digitized by Google

visited Indianapolis frequently and Indianapolis doctors remember him with pleasure.

Dr. Willis S. Bryant, a resident of Dale and a physician well known all over the county, died July 6, after an operation for gall stones. Dr. Bryant was a brother of Jacob Bryant, county surveyor, and of Dr. James Bryant, of Lawrenceville, Ill. He is also survived by a son, Will Bryant, of Kansas, and a daughter, Mrs. Blanch Bates, of Mt. Carmel, Ill.

The new officers of the A. M. A. are:

President—Charles H. Mayo, Rochester, Minn.

First Vice-President—L. F. Barker, Baltimore.

Second Vice-President—John Leeming, Detroit.

Third Vice-President—J. Henry Larstens, Detroit.

Fourth Vice-President—George F. Keiper, Lafayette, Ind.

Secretary—Alexander R. Craig, Chicago.

Treasurer—William Allen Pusey, Chicago.

Chairman of the House of Delegates—Hubert Work, Pueblo, Colo.

Vice-Chairman of the House of Delegates—Dwight H. Murray, Syracuse, N. Y.

Members of the Board of Trustees—A. R. Mitchell, Lincoln, Neb.; Oscar Dowling, Shreveport, La.; E. J. McKnight, Hartford, Conn.

Judicial Council—J. A. Black, Pueblo, Colo.

Council on Health and Public Instruction—Frank Billings, Chicago.

Council on Medical Education—William D. Haggard, Nashville, Tenn.

Council on Scientific Assembly—J. Shelton Horsley.

The next meeting will be in New York city.

During a recent will contest a witness was asked if he understood the meaning of the term "residuary estate." He answered, "It is what is left after the lawyers get through." The dictionary definition is: "The residue of an estate after all the specific purposes of the testator expressed in the will are carried into effect."

DO YOU KNOW THAT

It's worry, not work, which shortens life?

A cold bath every morning is the best complexion remedy?

Poor health is expensive?

The U. S. Public Health Service has reduced malaria 60 per cent. in some localities?

The death rate from typhoid fever in the United States has been cut in half since 1900?

Pneumonia kills over 120,000 Americans each year?

Flyless town has few funerals?

The well that drains the cesspool is the cup of death?

Intelligent motherhood conserves the nation's best crop?

Heavy eating like heavy drinking shortens life?

The registration of sickness is even more important than the registration of deaths?

The U. S. Public Health Service cooperates with state and local authorities to improve rural sanitation?

Many a severe cold ends in tuberculosis?

Sedentary habits shorten life.

Neglected adenoids and defective teeth in childhood menace adult health?

A low infant mortality rate indicates high community intelligence?

ALMOST EVERY BOY GOES OVER "FOOL'S HILL."

"You have heard it said that in every boys' life there is a 'fool's hill'," says a writer in Farm and Fireside, "a time when the boy acts queer, says queer things, seems sad and silent and sulky. It is a hard time, this working one's way over 'Fool's Hill.' I know, because I have been over it. Perhaps you who read this may have escaped. Luckily for your whole future life if you did."

Digitized by Google

BOOK AND JOURNAL REVIEWS.

"Starvation Treatment of Diabetes," With a Series of Graduated Diets Used by the Massachusetts General Hospital. By Lewis Wood Hill, M. D., Children's Hospital, Boston, and Rena S. Eckman, Dietician, Massachusetts General Hospital, Boston. With introduction by Richard C. Cabot, M. D. Second Edition. M. W. Leonard, Boston. 1916.

Few advances in medicine, especially in practical therapeutics, have proven as valuable as the starvation treatment in diabetes mellitus. The large volume reporting laboratory work on diabetes in dogs published several years ago by Doctor Allen concluded with a very short chapter in which he said that he hoped this work would prove of benefit in human therapy. And indeed it has. The little book before us is a very practical exposition of the treatment which has been developed as a result of Dr. Allen's work. The authors go into the minutest detail of the methods to be followed; they give a long list of carefully worked out diets which will save the general practitioner much time and worry and will also allow the patient a very varied as well as accurate regimen. In brief, the hospital treatment is as follows: The first forty-eight hours the patient is on ordinary diet in order to determine the severity of his diabetes. Then he is starved, the only food allowed being one ounce of whiskey in black coffee every two hours from seven a. m. to seven p. m. Bouillon or any clear soup may be given instead. The patient during this time is up and about exercising moderately. The starvation continues until the urine is sugar-free, a period usually of about four days, but in some cases of ten or eleven days. A loss of weight is much desired, especially in the case of the fat diabetic. Strange to say, since quite contrary to our previous beliefs, starvation does not increase the danger of acidosis. It certainly is safer to starve the patient than to allow the fat and proteid rich carbohydrate-free diet, which in the past has been our habit. When the urine becomes sugar-free the patient is put on a diet of vegetables containing five per cent. carbohydrate, but which have been boiled three times in order to reduce the carbohydrate content approximately one-half. With this some butter is given. Beginning the next day the amounts of proteid and fat are increased progressively and gradually, increasing one at a time during which interval the other remains constant in order to test the tolerance to each. Especial care is taken that the amount of fat allowed be not excessive, since it is easier to get rid of an acidosis if the fat intake is low. In case glycosuria reappears, repeat the above routine. The urine should remain perfectly sugar-free. If the patient is still sugar-free when the diet has been so increased that it contains 50 grams of proteid, 50 grams of carbohydrates and 150 grams of fat, the stationary stage is reached and the diet is kept at about this constant level. The patient is encouraged to take considerable exercise, since by so doing he uses his carbohydrates better. He is also taught to examine his own urine and to report as soon as the sugar appears. Following this general outline of the treatment is a series of eleven cases reports with charts to illustrate the success of the treatment. Then follows a short description of methods of examination of urine, which any patient can follow. The next chapter consists of twenty-eight pages of desirable recipes, and then forty-eight diets, giving the amount of each food for each of the three meals together with a summary of the amount of food stuffs and the caloric value of such a meal. Lastly there are some very useful tables of food values. Every practitioner should have one of these little books on his table for the accurate following out of such directions may easily make the difference between life and death in the case of his patient.

CHARLES P. EMERSON.

Digitized by Google

"Diseases of the Skin." By Richard L. Sutton, M. D., of Kansas City, professor of diseases of the skin, University of Kansas School of Medicine; former chairman of the dermotqlogical section of the American Medical Association; assistant surgeon United States Navy, retired; dermatologist to the Christian Church Hospital. With 693 illustrations and eight colored plates. The C. V. Mosby Company, St. Louis.

The book is dedicated to the memory of the author's mother, Virginia Robinson Sutton. It has 916 pages. It is covered in red cloth and weighs five and one-half pounds. There are 400 words and 40 lines to a page of excellent type. The 700 illustrations occupy from one-fourth to one-third of the printed area. It is a "skin picture book" in a more comprehensive and helpful way than any other general book on diseases of the skin printed in the English language. The introduction occupies 80 pages devoted to anatomy, physiology, etiology and pathology, symptomatology, general diagnosis, internal and external treatment, and a classification based mainly on the German-Austrian school, but in the main following that most eminent of English authors on diseases of the skin, the late Professor H. R. Crocker, of London. Dr. Crocker's very satsficatory and comprehensive classification was in large part based upon that of Hebra. But not until the 230 or more diseases of the skin recognized by such modern lists as that of the American Dermatological Association have been subjected to such histopathological research as of Dr. Fordyce is devoting to the lesions of syphilis, can any accurate and complete classification on a strictly pathologic basis be made. Our author passes safely through the paths and pitfalls of "general etiology and pathology," including anaphylaxis, nervous causes, age, sex, race, seasons, occupations, organic and constitutional diseases and complications. Anaphylaxis is presented in a few brief paragraphs, but receive sufficient attention as we proceed to the subjects of urticaria and the erythema group. The literature of anaphylaxis begins with Jenner's phenomena, observed in his great work on vaccination in 1771. We then pass on 50 years to Magendies observations on the rabbits he treated with foreign serum, reacting in a fatal way if they were reinjected within a period of ten or twelve days. In 50 years later we come to Flexner's similar observations on rabbits treated with serum, and the still later work of Von Pirquet and Schick, and still nearer to our author's work the widespread extension of sensitization by a score of other foreign proteids of our daily food as well as bacterial proteids, and even hereditary transmission of susceptibility. Thus does our author go gaily on interweaving our old pathology of the skin and mucous membranes to the more brilliant colors of modern theories and even practical applications in treatment. But before we get to the end of the introductory chapters, which closes the 99th page, we must notice some of Dr. Sutton's views of treatment, as expressed in 17 excellent pages. We pass quickly by cathartics and diuretics (Hinkle's pills and sodium citrate), (sedatives, bromides), intestinal antiseptics, from which wildness of pharmacy—thank God and Dr. Sutton—we are entirely absolved by the true word, "that there is no remedy that can rightfully be classed as an intestinal antiseptic." Equally happy are we to read, "that the average case derives more harm than good from the treatment at the various watering places of the Middle West." This is a just criticism of these resorts of which the author says that "the wonderful cures of syphilis by the natural mineral water enthusiasts are the result of thorough arsenical and mercurial treatment, which can be duplicated anywhere in America by the systematic use of these drugs supplemented by the occasional hot bath at home. In brief, the theraphy advised by the author agrees with our general experience. Of Dr. John B. Murphy's unwarranted advocacy of sodium cacodylate, Dr. Sutton says: "Recently it was widely heralded as a valuable remedy for syphilis because of the recommendation of a distinguished Chicago surgeon, but a thorough trial has failed to establish

Digitized by Google

its power in this disease. In fact, Nichol's authorative tests on rabbits proved the drug to be absolutely worthless as a spirocheticide." But enough. Dr. Sutton's remarks on general therapy are up to date. Thiosinamine and fibrolysin are mentioned with faint praises as painful and tedious and much inferior to the X-ray and carbonic dioxide snow. This is well known in private practice, since its uses were so thoroughly established by Dr. W. Pusey in his special papers and in his text-book of "Diseases of the Skin." Any doctor can use the snow. It costs about 10 cents; its use can be learned in about 5 minutes; no apparatus for its use and collection is needed except a foot-square piece of chamois skin to receive it from the nozzle of an iron tube, which continus 30 pounds, and will last for a year's use in any office —it costs about three dollars. A cone of the snow may be made in an ounce glass graduate; well packed down and needs no "holder" except a small pledget of cotton. It may be rubbed down by the fingers to a point and shaped to fit any lesion from round to square. By the time a child with a birth-mark begins to cry—10 to 15 seconds of pressure is made and the operation is over. A blister soon forms, "scabs over," falls off, and after two or three weeks the operation may be done again if necessary. This simplest and safest of all cauteries should be familiar to every junior and senior in every clinic. Following Sir Almroth Wright, of Boer War fame, for his work in preventing typhoid in all the armies of the great war, Dr. Sutton advocates calcium lactate in uricaria, pruritus, erythemas, etc. These diseases get better when acids are cut out of the dietary and milk with its abundant lime salts taken freely. Dr. Charles J. White, of the Massachusetts General Hospital, has published good results in those skin diseases in which the coagulability of the blood is diminished, the permeability of the capillaries increased and the exudation of serum into the tissues exaggerated with resulting nerve pressure, edema, redness, burning, etc.—all of which considerations lead us to believe that some benefit may result from the faithful use of half an ounce of saturated solution of calcium lactate for an adult taken three times a day after meals, with the omission of acids—grape-fruit, lemons, etc—from the diet. But the last word on this subject has yet to be written. Sir Almroth says no persistent case of pruritus gets away from Guy's Hospital without first trying a round of a couple of weeks with the milk of lime. But enough: It is midnight and we have as yet only touched on the usefulness of this practical text-book of Dr. Suttons, and we shall have to finish the review in our August issue, not neglecting the consideration of thyroid, vaccine treatment and autogenous serums. Nor does our author neglect the remedies which eat up the epithelium (the keratolytics). Also the remedies which Unna called reducing agents, as they abstract oxygen from the tissues and so hasten keratinization on the surface, shrink up the capillaries and so diminish the supply of blood to the parts. To this end we use the mild reducing agents—weak ointments of sulphur, a dram to the ounce; icthyol, two percent.; white precipitate ointment, three to five per cent.; tar, a dram to the ounce; vaseline, here also has a place. This book is practical in every page; it is up to date; theory is properly subordinated; the pictures are from good photographs, and wonderfully helpful. It is sure to have a substantial place in general practice and in class use.

A. W. BRAYTON.

A Few Ophthalmic Reminders for the Busy Practitioners. Published by the Fellows Medical Manufacturing Company of New York City.

There are certain important ocular conditions that should be promptly recognized and understood by the general practitioner and by the optometrist, as well as by the oculist; and it is to recall and to describe briefly some of these conditions, and to explain their significence, that this brochure has been prepared. The means of detection are briefly given and are authentic. This pamphlet will do good.

S. E. E.

Digitized by Google

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, etc. Edited by H. R. M. Landis, M. D., with collaboration of Charles H. Mayo, Sir William Osler and others. Vol. 11. twenty-sixth series, 1916. J. B. Lippencott, Philadelphia and London.

The opening article serves to call attention that the almost lost art of "bleeding" has been rediscovered and is again used with success as a therapeutic agent. The indications are clearly outlined by Dr. E. J. G. Beardsly, of Philadelphia. The dictum not to drink water at meals has lost its prestige. Vanderhoff in his article says that recent investigations suggest very strongly that the drinking of water with meals exerts a desirable influence on a number of the most important activities and functions of the gastro-intestinal tract. Hinsdale in speaking of mineral springs makes special reference to those of Virginia. In some localities the cause of auricular fibrillation and its relation to ventricular activity has been discussed with much profit. If not clear, the article by Robinson should be read and at any rate it is worthy. I have read with much interest the reference Clayton makes to lung abscess, following operations upon the nose and throat. Dr. Beasley reports a similar case in this issue of the Indianapolis Medical Journal. One of the long contributions gives an analysis of fifty cases of dysthyroidism, and Swan makes it one of the best discussions. Dr. Paul E. Bowers, a contributor from Indiana, goes very thoroughly into the relation of mental defect to crime. Dr. Bowers is the physician in charge of the Indiana Hospital for Insane Criminals. Obsteterics and public health and pre-and postnatal work are thoroughly instructive departments or contributions, and merit would be assured by such names as J. B. Lukins, H. R. M. Landis, Thomas C. Kelly, C. C. Norris and J. H. Landis. Martin interestingly takes up colon resection and its indications. Each step is splendidly illustrated. Different phases of cancer are given by Halstead of Illinois and Dorrance of Philadelphia. Some of the orthopedic problems presented by the European war are gone over in detail by Osgood of Massachusetts. The illustrations are helpful. We have sparingly mentioned a few of the interesting topics. There are others full of merit.

S. E. EARP.

Progressive Medicine. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, assisted by Leighton F. Appleman. Vol. 11, June, 1916. Lea & Febiger, Philadelphia and New York.

Illustrations accompany almost every chapter. In some places each fourth page is made plain by an appropriate picture of details, some of which are the best that I have seen. I speak of this feature first, because it is especially praiseworthy. Coley and Gerster take up gunshot wounds of the abdomen in war, diagnosis and therapy of ilens, gastromy instead of gastric siphonage and other topics. In each review the authority is given so that the reader if desired can persue the subject farther. Reference to the large intestine occupies quite a number of pages. Intestinal stasis is threshed out well. From page 137 to 162 there are 21 illustrations. The department of gynecology opens with cancer of the uterus, and Dr. John G. Clark omits nothing that is known concerning the cancer problem. The name of Alfred Stengel at the head of the large amount of space devoted to the blood means that diseases of the blood, diathetic and metabolic; diseases of the thyroid gland, spleen, nutrition and the lymphotic system are given due consideration by a masterful writer. Quite frequently it has been said that the salicylates are indicated in gout. Fine and Chace give conclusions as a result of a series of investigations with the satecylates. They found that the administration of salicylates brought about a reduction of the uric acid in the blood, in some cases in a most pronounced manner, twice causing almost a disappearance of this element. The increased

Digitized by Google

output of uric acid, Denis holds, is due to a lowered threshold value of the kidney, not only for uric acid but in all probability for other waste products as well. The 27 pages devoted to ophthalmology are instructive and contain the latest referable to this subject. The subject is reviewed by Dr. Edward Jackson. This issue of progressive medicine is one of the best that has appeared for years.

S. E. EARP.

The International Medical Annual. A year book of treatment and practitioners index. 1916. Thirty-fourth year. Price $4.00 net. Williams, Wood and Company, New York.

This publication, the result of careful investigation and large experience of some of the most prominent workers in medicine and surgery, furnishes a convenient form for rapid reference. Naval and military surgery is given especial attention, however the European war with its great interest and contributions has not caused the publishers to slight any other department. Those who have possessed each issue of the Annual for the past decade will feel the absence of one of the best contributions caused by the death of Sir Charles Bent Ball, Bart. The illustrations are of the best and the colored plates are works of art. Weil, who saw many of the cases of cancer treated by Beebe in the Memorial Hospital is quoted as definitely stating that autolysin is quite useless. It will be remembered that this remedy is a solution containing non-toxic vegetable proteins. Nelson and Anderson are quoted as saying that hypodermic injections of salicylate of mercury have practically no effect upon the Wassermann reaction. The thirty pages which Charles Thurston Holland utilizes to discuss radio-activity and electro-therapeutics is a valuable review and well worth the time taken in its perusal. The review of rheumatism in children by Langmead indicates that the diseases should be recognized before the onset of "growing pains," often before the age of five years. May be simply poor appetitite and nervousness. Child always fidgeting, however making slight, quick, jerky movements and under examination the pulse-rate is found to be increased. Observation has shown that older children in whom there was a rapid pulse-rate at five years were definitely rheumatic. This tachycardia persists for several years, varying very little in degree. The myocardium is probably the part affected. Another symptom is a manifestation of rheumatism. He has seen no case of chorea occurring in any but a rheumatic child. Mary H. Williams is quoted in relation to this line of thought. It seems a little emphatic but evidently not far wrong. Most authors speak of a form of rheumatic chorea to distinguish it from other other forms. Gruner quotes Glaserfeld (Med. Klin. 1914) who advises for a test for sugar the use of Trommer and Nylander tests. If the former is positive and the latter negative the reducing substance is not glucose. If Tromer is negative and Nylander positive this points to the presence of glucose to less than one-half per cent. The Medical Officer and the Fighting Man is a general review by Gascoigne Wildey. Wound Infections is by A. C. Inman, and Public Health, which includes medico-legal and forensic medicine and state medicine is by Joseph Priestley. Then follows the general index in which the more important articles are in heavy type.

S. E. EARP.

Century Magazine Notes.

A new serial novel, "The Dark Tower," by the English writer, Phyllis Bottome, is announced to begin in the August Century. It is the story of the headstrong scion of a hard-riding English county family, who makes an unfortunate marriage and is deserted by his wife when illness sends him to Davos. There he meets a young English girl whose love for him is the great and terrible romance of his life. There are a number of incidental characters, drawn with a certain causticity of touch, and the story is laid chiefly in Switzerland, though toward the end the war is inter-

Digitized by Google

woven with the tragic personal theme of the love-story.

Russia is the foremost undeveloped country in the world. Like its own flat, gray expanse of physical surface, beneath which untouched treasures lie, a crust of mystery covers the human resource of the Russian millions. The charm of Russia is not in its romantic, hazardous, youthful past, but in the suppressed seething of human force beneath the crust. What will burst up through it? What will this war, cracking open the surface, rending the cover, let loose? Richard Washburn Child, the well-known short story writer, recently visited Russia to find out for himself the answer to these questions, and he discovered that the Russian women of today possess a vision calmer than that of the men. From women he says that he received the coolest and wisest analysis of the politics of the empire, the greatest fund of information about the future development of the land and the opportunities for American business, the clearest picture of what is needed to organize for military victories. The results of Mr. Child's survey of Russian women and their movement are to appear in the August Century, it is announced, under the title, "The Better Half of Russia," describing the activities of women in education, in industrial work, in the professions, and in the struggle for political rights.

When the Teuton invasion came down from the north upon Serbia, and thousands of Serbians made the long and disastrous retreat from Kraguievatz and Nish over the icy mountains of Albania to the Adriatic sea, starving, freezing, struggling, and dying all along the way, there was one American in the fleeing horde who shared all its difficulties and stuck it out to the end. This was Fortier Jones, who had been working with a British relief organization in northern Serbia, and who put himself in charge of a party of British nurses, pledging himself to get them safely out of the country. To the August Century, it is stated, Mr. Jones is to contribute a series of his impressions of the Serbian retreat, in the midst of which a frightful blizzard overtook the sufferers, already dropping by the roadside from every kind of misery, the only compensation for which was the heroism it called forth both in the victims and in those responsible for their safety. One of the most poignant of Mr. Jones' vignettes is said to be of a little Serbian sergeant, actually only ten years old, who refused to allow his father, the bravest man in the regiment, to salute him, who spoke with the dignity and acted with the gallantry of a knight, but who went to sleep, nevertheless, with his head in the lap of one of the Red Cross nurses.

THE YOUTHFULNESS OF AUTHORS.

"William Dean Howells, who has seventy titles of published works to his credit, celebrated his seventy-ninth birthday in March by publishing in 'The Century' the first installment of his latest novel, 'The Leatherwood God.' One of a sturdy generation of writers and editors. In the same month Mrs. Amelia Barr, who has upward of sixty novels on her list, reached eighty-five; ex-President Charles W. Eliot, eighty-two; in April, John Burroughs, essayist, passed the seventy-ninth milestone. Colonel Henry Watterson of the Louisville 'Courier-Journal' is seventy-six; Henry Mills Alden, editor of 'Harper's,' is two months the junior of Mr. Howells; Dr. Lyman Abbott, editor of 'The Outlook,' is a little past eighty-one; and William Hayes Ward of 'The Independent' is seventy-nine. One of last year's best sellers was a novel by George W. Cable, who is seventy-one. Hamilton Wright Mabie joins the septuagenarians in December. Our vigorous elders in the writing game apparently never give venerability a thought; they are all too busy. Mr. Alden is one of the keenest, most alert, and energetic of American editors; Colonel Watterson is a very Ty Cobb of editorial writers; and Mr. Howells can match the best of our novelists in vigor of style and in humor. These men and their contemporaries ask no favors of youth. Truly a sturdy generation!"

—From the July Century.

Digitized by Google

Itches,

Irritations, chafings, etc., are exasperating, but—

K-Y Lubricating Jelly

quickly cools, soothes, and relieves. "Keeps the hands away, and doesn't grease the linen."

Sig: Wash off previous application before applying more.

Collapsible tubes, at druggists, 25c.

Samples and literature on request

VAN HORN AND SAWTELL
15-17 East 40th Street, New York City

For sympathy—the parson
For advice—the lawyer
For pain—the doctor

and for the doctor's use,—

K-Y ANALGESIC

which does not relieve every pain, but which is

"A POWER FOR COMFORT"

in a surprisingly great number of painful conditions, principally headache, neuralgia, and "rheumatic pain."

Where the physician does not wish to use a narcotic or a hypodermic, **K-Y ANALGESIC**, locally applied, will often be found sufficiently effective,—

"A POWER FOR COMFORT"

Greaseless, water-soluble, convenient, economical.

At druggists, collapsible tubes, 50c.
Booklet and sample on request

VAN HORN AND SAWTELL
15-17 East 40th Street, New York City

Results, Doctor

is what **you** and your **patient** want. And if you are treating a case of rheumatism and are not already acquainted with

Swan's Rheumatic Bacterin No. 47

you owe it to **yourself** and **patient** to write us at once for literature. Thousands of physicians are using this vaccine and the results have been so uniformly satisfactory that our demand is ten times greater than one year ago.

Marketed in 20CC Vials----------$3.00

Directions and literature with each package.

Swan-Myers Company

Pharmaceutical and Biological

INDIANAPOLIS, INDIANA, U. S. A.

Digitized by Google

PUBLISHERS' DEPARTMENT

All correspondence relating to the Business Affairs of this Journal should be Addressed to Dr. Eugene Buehler, Business Manager, 634 Occidental Building, Indianapolis.

"On account of the extraordinary action of Tongaline on the liver, the bowels, the kidneys, and the pores, I have found it a really wonderful medicine, because it expels so rapidly and thoroughly the poisons and germs which are the cause of rheumatism, grippe, lumbago, etc."

"Robinson's Lime Juice and Pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page —— this issue.))

Dr. T. C. Kennedy has established a Radium Laboratory at 515-516 Hume-Mansur building, and is prepared to treat all cases where radium is indicated. Dr. Kennedy visited the radium laboratories of the east before taking up this work in order to familiarize himself with the technique of radium therapy, and he has his laboratory equipped with $6,000 worth of radium.

COD LIVER OIL FOR CHILDREN.

Owing to its very acceptable character Cord. Ext. Ol. Morrhuae Comp. (Hagee) is especially adapted for use as a reconstructive in children. Either as a tissue-maker in debilitated conditions resulting from impaired metabolism or consequent upon an acute illness, Cord Ext. Ol. Morrhuae Comp. (Hagee) will prove of marked advantage. Its therapeutic powers are added to by its palatability. It may be continued over long periods without causing gastric distress, nor does the hot weather make its use more difficult.

FRETFUL CHILDREN.

While in the majority of instances fretfulness in children points to the need of correcting, for instance some gastro-intestinal disorder, yet there are times when a sedative is indicated, and at such times the physician will find PASADYNE (Daniel) of more than ordinary value. PASADYNE (Daniel) is merely a distinctive name for a pure concentrated tincture of passiflora incarnata. While therapeutically active PASADYNE is free from danger, a point that gives it a particular advantage in children.

Following its administration these little patients secure restful sleep.

A sample bottle may be obtained by addressing the Laboratory of John B. Daniel, Inc., Atlanta, Georgia.

THE PROPHYLACTIC TREATMENT OF HAY FEVER.

The best way to treat disease is to prevent it. This is not a new thought. The expressive (if possibly inelegant) "prevention is better than cure" is as old as medicine. Unfortunately, prophylactic therapeutics has its limitations, and, while the science of preventive medicine is undoubtedly expanding, these limitations are still rather sharply defined.

So far as the preventive treatment of hay fever is concerned, there is reason to believe that some real progress may now be recorded—an agreeable augury when one reflects upon the long and profitless search for a curative agent worthy to be called a specific.

Ragweed pollen extract, for example, gives promise of being an efficient immunizing agent in the autumnal type of hay fever. Its use is based upon the generally accepted theory that the ordinary hay fever of late summer and early fall, with occasional exceptions, is due to the pollen of ragweed, or to the toxic effects of other pollens closely analogous to ragweed in their protein content.

A reliable, accurately standardized ragweed pollen extract is supplied by Parke, Davis & Co. Each package contains three 5-mil (5-Cc.) vials, of 10 units, 100 units and 1000 units per mil

Digitized by Google

(Cc.) respectively; one vial of physiologic salt solution for use as a diluent, and one scarifier. The extract is administered hypodermatically. Injections may be made with any small hypodermatic syringe, the so-called tuberculin syringe being well adapted to the purpose. Literature giving all necessary information as to application and dosage accompanies each package. The extract may be procured through any retail pharmacist.

While good results have attended the use of ragweed pollen extract after the disease has become established, the best effects are said to be obtained by early immunization. This prophylactic treatment should begin a month of six weeks before the expected manifestation of symptoms.

THE AFTER CARE OF CHILDREN'S ILLS.

With the advent of school-days, and the daily association of many children in the class room, the contagious diseases of childhood develop and multiply. The exanthemata, as well as diphtheria, whooping cough, etc., comprise a considerable proportion of the diseases that the family physician is called upon to treat during the late fall and winter months. The robust child, with but a mild infection, frequently recovers quickly and, perhaps, requires but little attention during the convalescent period, while the child whose general nutrition is "below par" usually emerges from the acute attack with a condition of anemia and general vital depreciation. In the large majority of cases, it is undoubtedly wise to encourage and hasten convalescence by means of a palatable and efficient hematinic and general tonic. For this purpose Pepto-Mangan (Gude) is especially valuable. All children like it and take it readily; it does not irritate the digestive organs, but, to the contrary, increases the appetite and assists in the absorption and assimiliation of the child's nourishment. As it is non-astringent, it does not, as other ferruginous remedies do, cause or increase constipation. As Pepto-Mangan is prompt and efficient as a blood builder and general reconstructive, it should be preferred among children whenever medication of a general tonic nature is indicated.

A VALUABLE NEW CATALOGUE

Parke, Davis & Co. announce the publication of their 1916 price list, which is said to be an improvement in many respects over any previous issue of this valuable catalogue. The book is divided into three parts: Part 1—Fluid Extracts, Pills, Elixirs, Syrups, Tablets, etc.; Part 2—Specialties, into which have been merged Special Preparations; Part 3—Biological Products. The nomenclature of the U. S. P., Ninth Revision, has been adopted in the new list, the term "milliliter" ("mil") being substituted for the cumbersome "cubic centimeter." The standards of the new U. S. P. applying to fluid, solid and powdered extracts and tinctures, together with the doses, have also been adopted. All Harrison-act items (products that must be ordered on official order forms) are clearly distinguished. Its amplitude, its handy classification, its comprehensive general index, all serve to make the new catalogue a reference book of the utmost value to medical practitioners. We understand that the book will be ready for distribution about August 1st. Physicians are advised to write for a copy, addressing their requests to Parke, Davis & Co., Detroit, Mich.

MORE THAN A COINCIDENCE.

It was more than a coincidence that thousands of physicians stated in response to a recent inquiry that one of their most highly prized drugs was cactus. A few doctors might have so reported and the fact be attributed to personal prejudice, but when the same is vouchsafed by thousands of earnest practitioners, it must be believed that their verdict was based on actual observation and clinical experience.

There can be no doubt that Cactina Pillets fill a definite place in the management of cardiac disorders. No claim is made that these are to supersede the more powerful cardiac drugs, when

Digitized by Google

these are properly indicated, but when it is desired to support and sustain the heart and strengthen and regulate its action, Cactina Pillets will not disappoint. Thus a great many physicians have grown to look on Cactina Pillets as one of the safest and most satisfactory cardiac tonics at their command. One to two Cactina Pillets every three or four hours will be found excellent—for example, for relieving the so-called "tobacco heart."

SLEEPLESSNESS.

There can be no denying the fact that for all round use, the bromides still hold first place in the rational treatment of insomnia. Of course, especial care should be used in selecting the particular bromides to be employed, as the results accomplished obviously depend to a large extent on their results accomplished obviously depend to a large extent on their purity and quality. This is well shown by the notable therapeutic utility of Peacock's Bromides, a preparation of bromide salts that for many years has been the first remedy turned to by countless discriminating physicians whenever a sedative or hypnotic has been needed. Particularly in overcoming the sleeplessness due to nervous excitation, neurasthenia, alcoholism, prolonged worry, hysteria, and so on, have Peacock's Bromides been found of never failing efficiency, with gratifying freedom from gastric irrigtation, and the all too evident drawbacks that so often characterize other hypnotic agents.

IODINE IN SYPHILIS.

While the extraordinary worth of iodine in late syphilis easily places it among the indispensable therapeutic agents made use of by modern medicine, yet it is due to the skill of the pharmaceutical chemist that iodine has been enabled to hold its high rank as a drug agent. Iodine as such, of course, is out of the question, and even the popular iodide of potash oftentimes occasions such distress as to neutralize its potential value. But, in IODIA (Battle) the physician has an iodine product of distinct usefulness and particularly in the later manifestations of syphilis, for not only does it provide a means of introducing iodine into the system but furthermore it is free from the irritating qualities of the plain iodide. Its therapeutic effects are further enhanced by the addition of certain of the vegetable alteratives which have been clinically shown to exert an influence on the syphilitic processes. Whenever iodine is indicated, IODIA (Battle) may be exhibited with decided benefit.

CATGUT DIALOGUE NO. 3.*

Concerning Chromic Catgut.

(As stated in our foregoing issues, these "dialogues" are not merely the product of an active imagination, but represent the gist of numerous conversations that have actually taken place during past years, as our surgical friends—from far and from near—have dropped in to "talk things over" with us. At such times and under such conditions, we have been in a better position to express ourselves than in printed advertisements. In a face to face conversation there is a much better opportunity of conveying our actual thoughts just as there is less chance of being misunderstood and of having our sincerity doubted.)

"What's new, Sawtell?" asked the surgeon as he came into our office and sat down, wishing to talk catgut.

"Here's something, if you'll allow me to suggest its use in the cervix-uteri and in secondary perineal repair. Also in the vagina, kidney, rectum, and mucous membrane work of that kind. It isn't really new, but many men do not know that our 40-day gut is designed for just such special work."

"Forty-day! Phew!" whistled the surgeon. "Why in the world would I want a suture to hold 40 days in the

*This is an excerpt from one of ten dialogues in the series published by Van Horn and Sawtell, 15-17 East 40th street, New York City. If you are interested, write for a complete set of "Catgut Dialogues." No obligation.

Digitized by Google

cervix? It might be all right for bone work, but don't you know that if a cervix or a perineum is ever going to heal, it will do so in a week or ten days?"

V. H. & S.—"I know, Doctor, but there's just the point about that 40-day gut—it won't hold 40 days in those places. Only 10 to 12 days. That is to say, one-fourth of its labeled time."

Surgeon—"Then why do you call it 40-day if it holds only 10?"

V. H. & S.—"Because it will hold 40 days (approximately) in striated muscle tissue."

Surgeon—"Was that your basis?"

V. H. & S.—"Yes. Therefore we must compare the catgut-absorbing power of other tissues in relation to striated muscle. In the serous and mucous membranes, your absorption is 3 to 4 times as rapid as in striated muscle. We call it four times, to be on the safe side, although in most cases, it isn't as rapid as that, and that's why many men don't have trouble. Every now and then, however, somebody will blame us when our 20-day gut breaks down in the cervix at the end of the 5th or 6th day. As a matter of fact, if it holds that long here, it is on 'schedule time.' It's supposed to hold only one-fourth the labeled time in such places."

Surgeon—"That's a new one on me, although I've never had trouble of that sort."

V. H. & S.—"It shouldn't be new, Doctor. Just look at this box of ours. See this label on the back? We've been printing such a label for 'only' 10 years. See what it says here: 'Van Horn Chromic Catgut is prepared to resist absorption in striated muscle tissue for the time specified on the label. When it is used in the peritoneum or other serous membranes, it can be relied upon to resist one-fourth its labeled time, though in many cases, it may last longer."

Surgeon—"Those sutures ought to 40-day gut would hold about 10 days?"

V. H. & S.—"10 to 12 days, though usually a little longer. Of course, it's for you to say how long you want your mucous-membrane suture to hold. Different surgeons have different opinions on that subject. If you think five days is sufficiently long in the kidney, bladder, rectum, vagina, etc., then use the 20-day gut. But if you'd rather have it hold ten days by all means, use the 40-day gut."

Surgeon—"Those sutures ought to hold 7 to 10 days, I think. By the way, the cervix-uteri isn't a mucous membrane."

V. H. & S.—"I know, it's a skin surface. But to all intents it is mucous—so far as catgut absorption is concerned. For that matter neither is the perineum a mucous membrane, but it acts on catgut about the same as the vaginal mucous membrane—4 times as quickly as striated muscle. Speaking of the perineum, this 40-day (No. 1 or 2) is all right in secondary perineal repair, but if you are one of those that practice immediate repair, I wouldn't recommend it."

Surgeon—"Why?"

V. H. & S.—"Because there you've got the action on the catgut not only of the usual secretions, but of the lochia. The absorbs catgut quickly, and, under which conditions, if the 40-day gut holds 5 days (immediate repair) it's doing pretty lochia well."

Surgeon—"But it does hold 10 days when there is no lochia? Have you a catgut suture that will hold long enough even under the lochia?"

V. H. & S.—"Yes. We call it the 'obstetrical suture, chromic catgut.' It is especially chromicized to hold for 7 to 12 days in spite of the lochia. It's put up in a curved tube like this one in my hand; already threaded on a curved needle, as you notice."

Surgeon—"That's very nice. You'd recommend this special obstetrical suture for immediate perineal repair and the 40-day gut for secondary perineal repair, in the cervix, and for general mucous-membrane surgery? How about the peritoneum; that's a serous membrane. Would you recommend the 40-day gut there, too?"

V. H. & S.—"It isn't absolutely necessary there, because the peritoneum is so

Digitized by Google

quick in healing. Many of our friends are using the 20-day gut right straight through when tier-suturing the abdomen; No. 0 in the peritoneum, and usually No. 1 in the muscles and fascia (which act on cuatgut about the same way.) Silk-wormgut in the skin, which we think is better there than catgut, because sometimes the staphylococci and other skin bacteria infect the catgut and cause a stitch abscess—unless the catgut is usd subcuticularly."

Surgeon—"20-day in the abdomen and in all striated muscles, and 40-day in the mucous membranes, eh?"

V. H. & S.—"That's a good safe, working basis—according to the experience of our surgical friends; that, you know, is how we fellows here get our information."

Surgeon—"I must confess I've been asking simply for 'chromic catgut.' I thought it was all alike."

V. H. & S.—"Many men do. Some have belittled the attempt to grade chromic catgut in proportion to the chemical treatment we give it. They have denounced 10, 20, 30 and 40 as being indefinite, and have 'solved' the problem by eliminating the 'day mark' and simply labeling the material 'chromic catgut,' to be sure. But my, Doctor, the mere term 'chromic catgut' is capable of covering a multitude of sins because you can over-chromicize catgut so that it might not become absorbed at all, or you can under-chromicize it so that it may absorb too quickly. Now both extremes are "chromic catgut,' to be sure. But my, what a difference!"

Surgeon—"I have heard it said that there was nothing to 10, 20, 30 and 40-day."

V. H. & S.—"I'll tell you how you can disprove that for yourslf. In your next cervical case, just suture one side with our 20-day gut and the other side with our 40-day gut and watch the resistance. You can do it very nicely in the cervix. (Only be sure to put in enough 40-day gut so that the cervix won't break down at the end of the fifth or sixth day.) Just watch your sutures, and I'll wager you'll find the 40-day gut to hold about twice as long as your 20-day, and about 4 times as long as your 10-day (if you want to also put in a couple of sutures of that material). Unless, of course, yon've got a different condition at one side of the wound than at the other—more secretion for example. Don't forget, too, that when you douche the wound, it means quicker catgut absorption. And where you pack the wound, you keep your secretions away from the stitches and consequently delay their absorption."

Surgeon—"I never thought of that."

V. H. & S.—"Don't forget, too, that peroxide eats up catgut. That's a factor, if you use peroxide swabs or douches in this class of wound."

Surgeon—"Eats it up, eh?"

V. H. & S.—"It surely does. In addition to these extraneous factors, you're always up against the individual equation. One patient's tissues may have different absorbing powers from another patient's tissues of the same kind. I only wish we could chromicize or do something to our patients to standardize their tissues as well as we can our catgut."

Surgeon—"Ha! Ha!"

(To be continued.)

ENDOWMENT OF THE J. WILLIAM WHITE PROFESSORSHIP.

By the will of the late Dr. J. William White, of Philadelphia, bequests are made as follows: $150,000 to the University of Pennsylvania, to be held in trust as a permanent endownment, the income from which is to be used for the establishment of a professorship of surgical research to be known as the J. William White Professorship of Surgical Research; $10,000 to the University of Pennsylvania, to be held in trust and the income to be divided in three parts, to be used by the managers of the University Hospital as a prize for nurses, as a prize for resident physicians and for the purchase of Christmas presents for child patients; $5,000 to the College of Physicians of Philadelphia.

Digitized by Google

NEW YEAR'S RESOLUTION

I will use no other than KNUKLFIT gloves in order that my surgical eye remain clear and keen.

I will use no other catgut than VAN HORN SAWTELL in my work in order that my patients receive the very best that can be used by me.

I will boil not only my ordinary surgical instruments but my knives and scissors, because I know that so-called antiseptic solutions do not really sterilize.

I will use at least two scalpels in going into the abdomen, using one to go through the skin and the other to divide the muscle and peritoneum. It would be better if I used three.

I will pay a little more for dependable apparatus and supplies rather than have my patients suffer because of my poor economy.

In making these resolutions I have considered the matter from the viewpoint of myself in the position of my patients.

A glove that binds over the tip of the finger when the finger is bent is not a good glove to use. Try it today. Pressure exerted by the glove may easily be mistaken for a contact with tissue no matter how long you have worn gloves or how delicate your touch is.

Catguts not sterilized against anthrax and tetanus are not safe materials to use. Chemically sterilized cat guts are unsafe because the chemical is soon neutralized by the tissue and bacteria imbedded in the gut may cause trouble when this chemical is no longer present to inhibit their growth. Usually chemicals used irritate tissue.

Infection may be induced by knives and scissors that are dipped in alcohol or phenol for sterilization. It is possible to boil scissors and knives.

One scalpel used to go through both skin and peritoneum may, in its process of going through the skin, open a sebaceous gland—infect your knife and carry that infection down through muscle facia and peritoneum.

The above statements are not of our own manufacture and we give them to you for what they are worth. We try to sell to you only the very best of apparatus and supplies and are conscientious when we do not handle other than the finest procurable Gloves, Cat Gut and Cutting Instruments.

We believe that a trial will convince you.

Call and see us—make yourself at home in our store.

Dugan-Johnson Co.

INDIANAPOLIS, INDIANA.

Surgical Instruments—Hospital Supplies—Orthopedic Apparatus

Burroughs Wellcome & Co.'s Fine Products.

Laboratory and Electrical Apparatus.

OPPOSITE THE POST OFFICE ON MERIDIAN STREET

Digitized by Google

IF YOU ARE USING

some nondescript inferior substitute for

Gray's Glycerine Tonic Comp.

FORMULA DR. JOHN P. GRAY

you are not getting the results you would were you using the original. On the contrary, your patients fail to receive the benefits they hope for—or you to accomplish the effects you have a right to expect.

"The original Gray's" (in 16 oz. Bottles) represents the highest quality, constant uniformity, and definite responsibility. That is why its use means protecting your patients' welfare and safeguarding your own interests.

Insisting on "the original Gray's" often means
the difference between SUCCESS and FAILURE.

THE PURDUE FREDERICK CO., 135 CHRISTOPHER STREET, NEW YORK.

Digitized by Google

THE INDIANAPOLIS MEDICAL JOURNAL

Now in its nineteenth volume. Its success has not been accidental nor due to the influence of any organization. Under the guidance of a strong editorial board composed of prominent physicians connected with the Indianapolis hospitals and the Indiana University School of Medicine. Its original articles are by leading specialists covering a vast field of clinical material are always full of interest and up-to-date. It is the only journal of its kind in this city, and the circulation is constantly and steadily growing. No advertiser who wishes to reach the physicians can find a better way than through its pages.

Published on the 15th of each month. Last advertising forms close on the first of each month for the current issue.

DR. S. E. EARP, Editor.
DR. EUGENE BUEHLER
Business Manager.

634 Occidental Building.

Digitized by Google

The Indianapolis Medical Journal

Is a Journal for the physician. Every article is written by persons of broad experience and is of special interest.
If your subscription has not been renewed, NOW is a good time, so you will not miss a number.

C. E. Pauley & Co.

19-25 North Alabama Street

INDIANAPOLIS

THE LARGEST PLANT OF TYPESETTING MACHINES OUTSIDE OF NEW YORK AND CHICAGO

When Writing to Advertisers, Mention the Indianapolis Medical Journal.

Digitized by Google

Federal Anti-Narcotic Law
AND
Glyco-Heroin (Smiths)

The composition of Glyco-Heroin (Smith) is not being changed to meet any of the exemptions or privileges allowed under the so-called "Harrison Anti-Narcotic Law," and whereby it might be sold to the public.

Glyco-Heroin (Smith) will remain just what it always has been and just what it was always intended to be, viz: a stable, uniform and dependable product for the convenience and use of physicians only, in the treatment of Cough, Bronchitis, Whooping Cough, etc.

In prescribing Glyco-Heroin (Smith) use ordinary prescription blanks. Give the name and address of patient, your own name and address in full, your registry number and date when written, (no copy or other record required).

MARTIN H. SMITH CO., New York

REPRINTS

From articles appearing in this Journal can be secured at the following rates:

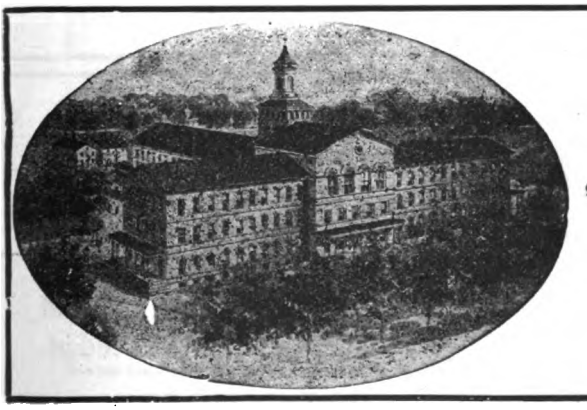
500	Two Page	Reprints,	without	cover,		$ 2.75
1,000	"	"	"	"	"	3.75
2,500	"	"	"	"	"	6.00
5,000	"	"	"	"	"	10.50
500	Four	"	"	"	"	5.00
1,000	"	"	"	"	"	6.75
2'500	"	"	"	"	"	11.00
5,000	"	"	"	"	"	18.50
500	Eight	"	"	"	"	7.25
1,000	"	"	"	"	"	9.75
2,500	"	"	"	"	"	18.00
5,000	"	"	"	"	"	31.00

INDIANAPOLIS MEDICAL JOURNAL

Francis Pharmacy Company
Ohio and Pennsylvania Sts.

The Physician's Pharmacy

Complete line of Stains and Reagents. **Laboratory Supplies**



OXFORD RETREAT
OXFORD, OHIO

NERVOUS AND MENTAL DISEASES
ALCOHOL AND DRUG ADDICTIONS

FOR MEN AND WOMEN

96 Acres Lawn and Forest. Buildings Modern and First-Class in all Appointments.

THE PINES
AN ANNEX FOR NERVOUS WOMEN

Write for Descriptive Circular

R. HARVEY COOK, M. D., Physician in Chief

Digitized by Google

CHIONIA

A true hepatic stimulant that does not produce catharsis

PEACOCK'S BROMIDES
The BEST because the PUREST for prolonged Bromide Treatment

Remarkably serviceable in the treatment of Biliousness, Jaundice, Intestinal Indigestion, and the many conditions caused by hepatic torpor.

PEACOCK CHEMICAL CO.
St. Louis, Mo.

CACTINA PILLETS

A dependable cardiac tonic for
FUNCTIONAL DISORDERS OF THE HEART

PRUNOIDS
A physiologic laxative that does not gripe or cause after-constipation.
SENG
stimulates gastro-intestinal functions.

A remedy of proven efficiency for supporting, strengthening, and regulating the heart's action.

SULTAN DRUG CO., St. Louis, Mo.

The purity and quality of the salts used insure gratifying freedom from gastric disturbance or "bromism"-even on prolonged administration.

PEACOCK'S BROMIDES

Used with conspicuous success in Epilepsy, Uterine Congestion, Headache, the Reflex Neuroses and whenever a reliable antispasmodic or sedative is required.

CHIONIA
Affords hepatic stimulation without purgation—a true cholagogue.

PEACOCK CHEMICAL CO.
St. Louis, Mo.

PRUNOIDS

For the Permanent Relief of
CONSTIPATION

CACTINA PILLETS
Regulate, support and strengthen the heart.
SENG
A trustworthy gastric tonic.

An ideal laxative free from the usual drawbacks of cathartics. Used with exceptional success in Intestinal Stasis, Obstipation, Auto-intoxication, or whenever a safe and pleasant evacuant is needed.

SULTAN DRUG CO.
St. Louis, Mo.

Digitized by Google

THE INDIANA UNIVERSITY SCHOOL OF MEDICINE

BLOOMINGTON AND INDIANAPOLIS

MATRICULATION

September 1915

MINIMUM ENTRANCE REQUIREMENTS OF SCHOOL of MEDICINE

Graduation from a commissioned high school or its equivalent, plus two years of collegiate work which shall include General Chemistry, Qualitative Analysis, a course in Organic Chemistry including at least ninety hours of Laboratory work, one year of Biology including Embryology, one year of Physics or one semester of Physics in case one year of Physics has been taken in high school, and a fair reading knowledge of French and German.

MINIMUM ENTRANCE REQUIREMENTS OF STATE BOARD

Graduation from a commissioned high school, or its equivalent, plus two years of collegiate work. This entrance requirement will be demanded of all candidates for the state licensure examination beginning with January, 1915.

CLINICAL FACILITIES

In hospitals, 360 beds, 100 of which are in the Robert W. Long Hospital, the hospital of the School of Medicine. In dispensaries, 45,000 cases per year. Obstetrics, the service is so large that most students attend five or ten times the number of cases required by State Boards.

INTERNESHIPS

Thirty-six hospital appointments are open to graduates.

FIFTH YEAR

Beginning with session 1909-1910 a fifth year was added to the curriculum, which, until further notice, will be optional.

COMBINED ARTS-MEDICAL COURSE

In addition to the regular medical courses referred to above, a combined Arts-Medical course is given, in which the work for the B. S. and M. D. degrees may be completed in six years, and the work for the A. B. and M. D. degrees in seven years.

FURTHER INFORMATION

For further information, address:

The Indiana University School of Medicine

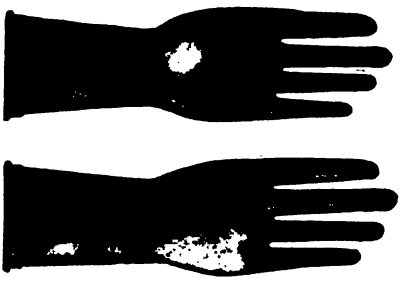
Either at

BLOOMINGTON or INDIANAPOLIS

Digitized by Google

"ARMSTRONG"

Rubber Gloves



Manufactured only from the FINEST GRADE OR PURE RUBBER, cured by the best skill and process, and are guaranteed to be free from imperfections in manufacture.

Made especially heavy on the wrist to insure strength where it is most needed.

Guaranteed to stand the very highest sterilization tests.

See that the name
"ARMSTRONG"
is stamped on the wrist.

We solicit a trial order, and if not satisfactory in every respect, return to us at our expense.

Pebbled and Smooth Finish, 50 cents per pair. Liberal discount and terms on quantity orders.

Wm. H. Armstrong Co.

34 West Ohio Street **Indianapolis**

Digitized by Google

SVAPNIA

For Physicians' Use Only.

Is a distinct preparation from Opium, U.S.P., exhibiting the Soporific and Anodyne actions of the purified drug with minimum irritation, nausea, vomiting and constipation.

SVAPNIA represents a standard Morphine strength of about ten per cent. It is palatable and more uniform in results because the desirable alkaloids of Opium are retained with proper proportion of the gum and resin.

INDICATIONS—Same as Opium.

DOSE—1 or 2 grains. In capsules, pills or powder.

Sold by druggists generally.

THE CHARLES N. CRITTENTON CO., Distributing Agents.
115 Fulton Street, New York.

Samples and literature to physicians on request if accompanied by Federal order.

POLK'S Medical Register and Directory of North America

Established 1886.

Do Not Be Deceived By Imitators.

See that the name R. L. POLK & CO. Is ON THE ORDER BEFORE YOU SIGN IT.

POLK'S is the only complete Medical Directory.

POLK'S is the only Medical Directory having an official record of all Graduates of the North American Medical Colleges for use in its compilation.

POLK'S has stood the crucial test of criticism with increasing popularity. It thoroughly covers the field.

For Descriptive Circulars, Address,

R. L. POLK & Co., Publishers

Detroit, Michigan.

Sal Hepatica

The Ideal Saline **Eliminant** In **Rheumatic** Conditions

Bristol-Myers Co.

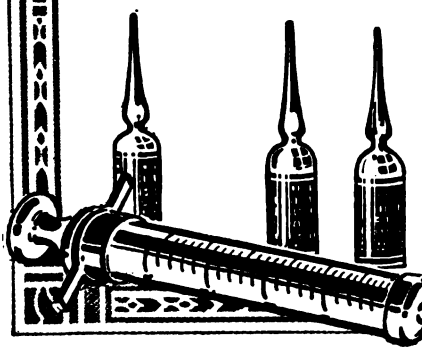
New York

Digitized by Google

Lilly Ampoules

THE MOST COMPLETE AMERICAN LINE

Chemically pure, sterile solutions ready for hypodermatic use—rapidly growing in popularity with physicians.



Supplied through the Drug Trade in convenient packages and assortments

Send for descriptive pamphlet

ELI LILLY & COMPANY

Indianapolis New York Chicago St. Louis
Kansas City New Orleans

The Cincinnati Sanitarium

For Mental and Nervous Diseases.
(Incorporated 1873.)

A strictly modern hospital fully equipped for the scientific treatment of all nervous and mental affections. Situation retired and accessible. For details write for descriptive pamphlet.

F. W. Langdon, M. D., Medical Director.
B. A. Williams, M. D., Resident Physician.
Emerson A. North, M. D., Resident Physician.

H. P. COLLINS, Business Manager,
Box No. 4, College Hill,
CINCINNATI, O.

Digitized by Google

NERVOUS STRAINS AND OVER-WORK
offer positive indications for
PASADYNE
(DANIEL'S CONCENTRATED TINCTURE OF PASSIFLORA INCARNATA.)
It is particularly in women and children that the fullest therapeutic possibilities of PASADYNE (Daniel) are reached—
—this by reason of its innocuousness.
In nervous strains and over-work PASADYNE secures relaxation of the tension and increases resistance to subsequent strains.
PASADYNE (DANIEL) IS SAFE AND DOES NOT DEPRESS
IT HAS NO CONCERN WITH THE HARRISON ACT.
SAMPLES AND LITERATURE SUPPLIED TO PHYSICIANS PAYING EXPRESS CHARGES
LABORATORY OF JOHN B. DANIEL, INC., ATLANTA, GEORGIA.

NEURILLA FOR NERVE DISORDERS NEURILLA
If Patient suffers from THE BLUES (Nerve Exhaustion), Nervous Insomnia, Nervous Headache, Irritability or General Nervousness, give four times a day one teaspoonful NEURILLA
In nervous fretfulness of teething Children give five to twenty drops.
BAD CHEMICAL COMPANY, NEW YORK and PARIS.

CAUTION!

Whenever the true merit of a preparation is authoritatively established, imitation is sure to make its pernicious appearance. To counteract the injurious results of another of these fraudulent proceedings—in this instance affecting firm name and reputation—SANDER & SONS have been compelled to appeal to law, and in the action tried before the Supreme Court of Victoria, the testimony of a sworn witness revealed the fact that this witness suffered intense irritation from the application to an ulcer of the defendant's product, which was palmed off as "just as good as SANDER'S EUCALYPTOL." SANDER & SONS had the satisfaction to obtain a verdict with costs against his imitator, who is perpetually restrained from continuing this malpractice.

Dr. Owen, in a report to the Medical Society of Victoria, and Dr. I. Benjamin, in the Lancet, London, both denounced, as others did before, on the strength of negative results, the application of unspecified eucalyptus products.

This forms convincing proof that only an authoritatively sanctioned article can be relied upon.

SANDER & SONS' EUCALYPTOL
(Eucalypti Extract)

1. Has stood the test of Government investigation;
2. It was proved at the Supreme Court of Victoria by experts to be an absolutely pure and scientifically standardized preparation.
3. It is honored by Royal Patronage.
4. It always produces definite therapeutic results.

Therefore, to safeguard the physicians' interests and to protect their patients, we earnestly request to specify "SANDER'S EUCALYPTOL" when prescribing eucalyptus.

The Meyer Bros. Drug Co., St. Louis, Mo., agents, will forward one original package (1 oz.) on receipt of One Dollar.

SANDER & SONS, Bendigo, Australia.

Digitized by Google

The Earning Possibilities of a Ten-Dollar Bill

In	The Ford Motor Car Company	it has returned	$25,000.00
"	Bell Telephone Company	"	10,000.00
"	Welsbach Mantle Company	"	5,000.00
"	National Cash Register Co.	"	4,287.00
"	Diamond Rubber Company	"	1,472.00
"	Fisk Rubber Company	"	1,240.00
"	Goodyear Tire & Rubber Co.	"	1,290.00

The stock in the above companies went begging when it was first offered—investors could not believe the profits the management predicted. The above enormous profits made by the shrewd investors with the courage to back a young business are a matter of record and fact, and are being duplicated by present stock offerings. You have an OPPORTUNITY in this offering.

THE WEALTH we offer is a real and an accomplished fact—our Company, if **we did not** increase our manufacturing facilities and working capital one cent, **still could pay 80% on the investment offered in this advertisement. This we are now earning—this is an accomplished fact.**

The proceeds from the sale of our stock will enable us to increase our output at least **fourfold** and with the economies this increased production will effect, we will then be earning about 300% on this investment.

THIS IS THE SMALL INVESTORS' OPPORTUNITY

By a special arrangement, we are enabled to offer one thousand investors this EXTRAORDINARY proposition:

Mail us ten dollars ($10.00), no more and no less, and we will mail you a Certificate for Forty (40) shares of the Treasury Stock of our Company, Fully Paid and Forever Non-Assessable, and descriptive literature of our Company and its business.

This offer is made only to the **first one thousand** investors who answer this advertisement. "First come, first served." If you are too late or if you send any more or less than ten dollars, your money will be returned by the next mail.

This offer is made to secure the co-operation of one thousand small stockholders in boosting the sale of Double Service Tires and to prevent large financial interests from securing control.

The Double Service Tire and Rubber Company is incorporated under the stringent laws of the State of Ohio at $250,000, divided into 250,000 shares of a par value of $1.00 per share, all common, Fully Paid and Non-Assessable. Every share of stock and every stockholder being absolutely on an equal and even basis, all sharing alike in all earnings of the Company.

This is **an established** and **going business** and one which is at present **earning net dividends equal to 20%** on its entire capitalization, and with future dividend possibilities so big and so alluring that they seem almost unbelievable.

The history of practically any one of Akron's famous rubber tire companies reads more like a fairy tale than business facts. Early investors have made fortunes almost unbelievable and are still making them. The growth and success of the Double Service Tire and Rubber Company but adds another chapter to this never-ending story of the fortunes made through the popularity of the automobile.

OUR GUARANTEE—YOUR PROTECTION

The fact that this Company is now earning at the rate of 20% on its entire capitalization, with less than one-third (⅓) issued, is **a positive guarantee of your 80%** and proof of the still larger earnings you will receive when their production facilities have been increased.

Your protection is made still more secure by the fact that after you have received our literature and your stock, you may return the same any time within ten days of its receipt by you and receive your money back in full if you are not entirely satisfied with your investment. This gives you ten days in which to investigate and to assure yourself that this is not a chance, but the best and biggest little investment you ever made. Could anything be more fair and square? Was ever an investment offered so attractive and so sure?

Just tear off and fill out this coupon and attach a ten-dollar bill to it, or a check, or a Money Order, and mail it to-day. REMEMBER, this offer is made only to the **first one thousand** who answer this advertisement.

THE DOUBLE SERVICE TIRE & RUBBER CO.,
Akron, Ohio.

I hereby accept your offer as made in the above advertisement, and am enclosing ten dollars, for which please send me Stock Certificate for Forty (40) shares of Stock of your Company, Fully Paid and Non-Assessable, with descriptive literature regarding the same, with the understanding that if I am not entirely satisfied with my investment, you will return my money in full any time within twenty days of my receipt of my Stock Certificate and literature.

Address _____

Name _____

State _____

Digitized by Google

UNIVERSITY OF MICHIGAN
3 9015 07048 6033

NEURONHURST

DR. W. B. FLETCHER'S SANATORIUM for NERVOUS and MENTAL DISEASES

Neuronhurst is primarily a Sanatorium for the treatment of all forms of mental disturbance and of such diseases as arise from organic or functional derangements of the brain and spinal cord. The various forms of constitutional disorders are also treated, especially those which yield to the scientific application of electro-therapy, hydro-therapy, massage and special diet.

Cases of paralysis, inebriety, and the drug addictions, receive special attention as well as those cases who have undergone nervous strain and who need rest and temporary relief from business or domestic cares.

Local physicians sending cases to Neuronhurst may find it convenient and they are privileged to retain charge of their own patients and to direct their treatment.

Those sending patients from out of town may make arrangements by long distance telephone, though a written communication with a brief history of the case is preferred. Urgent cases are received without notice.

For Terms and Further Particulars, Address

DR. MARY A. SPINK, Superintendent, 1140 E. Market St.

INDIANAPOLIS, INDIANA

Digitized by Google

Fellows' Compound Syrup of Hypophosphites

1866—1916

Not a new-born prodigy or an untried experiment, but a remedy whose usefulness has been fully demonstrated during half a century of clinical application.

For 50 Years The Standard

℞ Syr. Hypophos. Comp. FELLOWS'

Reject < Cheap and Inefficient Substitutes
Preparations "Just as Good"

THE FELLOWS
MEDICAL MANFG. CO. LTD.
26 CHRISTOPHER ST.
NEW YORK

Phillips' Milk of Magnesia

"THE PERFECT ANTACID"

For correcting Hyperacid conditions—Local or Systemic. Vehicle for Salicylates, Iodides, Balsams, etc. Of advantage in neutralizing the acid of cows' milk for infant and invalid feeding.

PHILLIPS'
Phospho-Muriate of Quinine

COMPOUND

NON-ALCOHOLIC TONIC AND RECONSTRUCTIVE

With marked beneficial action upon the nervous system. To be relied upon where a deficiency of the Phosphates is evident.

THE CHAS. H. PHILLIPS CHEMICAL CO.

LONDON - - NEW YORK

Digitized by Google